

## CHAPTER 5

### THE HEALTH CHALLENGES OF LEADERS

Norman and Norma Burmah recently celebrated 81 years of marriage. The Louisiana Governor, Bobby Jindal, held a special reception for them on Valentine's Day. Introduced by a best friend, Norman, 101, and Norma, 98, met at the "Roof Garden Dance Hall" in New Orleans during a live performance by Louis Armstrong playing their theme song "What a Wonderful World." Norman rode his first jet ski at 92, and he created a livelihood together with his esteemed wife, operating a catering business inspired by their Creole heritage.<sup>184</sup> In contrast to such a powerful story of love and enduring devotion and concomitant health, why is it that pastors are known for their notoriously poor health, unsatisfying marriages, and notably short tenure in ministry? How can the very people who preach sermons extolling virtues, marriage, forgiveness, redemption, peace, and prayer become victims to a host of emotional, mental, psychological, and marital problems? It seems absolutely incongruent, but the statistics of survey after survey indicate that fulfilling the role of a pastor is very bad for your health.

#### **National Clergy Renewal Program**

The Lilly Endowment Inc., headquartered in Indianapolis, Indiana, is one of the world's largest private philanthropic foundations and one of the ten largest such endowments in the United States. J. K. Lilly, Sr. and his sons, Eli and J. K., Jr., with gifts of stock in the pharmaceutical company Eli Lilly and Company, founded the endowment fund in 1937.

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<sup>184</sup> "Louisiana family forum finds LA's longest known married couple," *The Church Report* (Feb 14, 2012), [www.thechurchreport.com/index.cfm?fuseaction=siteContent.default&objectID=148920](http://www.thechurchreport.com/index.cfm?fuseaction=siteContent.default&objectID=148920) (accessed February 14, 2012).

It is remarkable how much measurable good work they have accomplished throughout the nation with their National Clergy Renewal Program. The Lilly Endowment clergy renewal programs are structured to provide congregations and their leaders the maximum freedom to propose a renewal leave suited to their own context. A record number of congregations—158—have been selected for the twelfth class of the National Clergy Renewal Program. The program allows these congregations to send their pastors for an extended time of renewal and reflection. Pastors can step back from their busy lives and gain the fresh perspective and renewed energy that a carefully considered season of travel, study rest, and prayer can provide. The 2012 class brings to 1,598 the total number of church congregations that have participated since the program began in 2000. Through the Clergy Renewal Program, the endowment invites Christian congregations to apply for grants of up to \$50,000 to support their ministers taking an extended period of intentional reflection. Working with their congregations, ministers design their renewal periods to suit their own needs and aspirations. Pastors are encouraged to include their families in the renewal activities. Up to \$15,000 of the grant may be used by the congregation to pay for interim pastoral leadership while the pastor is away, as well as for renewal activities within the congregation.

“The intensity and demanding character of pastoral work in most congregations is difficult for many to appreciate,” said Craig Dykstra, senior vice president for religion at the Lilly Endowment. “They write and preach sermons, make hospital visits, administer the business of their churches, preside at weddings and funerals, and counsel parishioners. And they are expected to ‘be there,’ to be available at both the best and the most difficult times in people’s lives.”<sup>185</sup>

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<sup>185</sup> Gretchen Wolfram, “Lilly Endowment awards clergy renewal grants to congregations in 40 states,” (Oct 27, 2011), [www.lillyendowment.org/pdf/NCRP2011Winners.pdf](http://www.lillyendowment.org/pdf/NCRP2011Winners.pdf) (accessed February 17, 2012).

The pastors, creatively, use their three or four months' gift of time differently. Pastors have been known to take singing, piano, or cello lessons, or to hike in the Himalayas, the Swiss Alps, the mountains of Nepal, or along the rim of the Grand Canyon. Others have biked the coasts of England or taken a riding tour of France. It is very interesting to note that many pastors join health centers, begin or intensify a regular exercise program, or take classes to learn healthy cooking and food choices. These brief sabbaticals provide a window on the type of balanced behavior a pastor must learn to maintain in order to have a fruitful, fulfilling ministry that has the rewards of God's blessings upon it and is a model to his parishioners. The Lilly Endowment's initiative is a chance for congregations and pastors to engage in renewal of a kind that will have an important impact on their churches, their individual members, and their communities. The average size of the grant is \$43,177, and endowment support is \$6.8 million. While 13 of the churches that have received grants regularly see more than 1,000 at worship services, 75 churches report attendance ranging from 51 to 200.<sup>186</sup>

Our case studies of pastors share the common denominator that the word or concept "sabbatical" was unknown and untaught to these ministers, who are now trying to find their way after moral failure. The vast majority of pastors who are involved in sexual misconduct permanently lose their spouse, and several marry the person with whom they are having an affair. How long that second marriage, birthed in adultery, will last is an open question. I can say first-hand that the generation of pastors before me taught that you work non-stop at ministry and, as Jamey Ragle said, "Let God take care of your family." We know that advice is terribly flawed. There were exceptions where it

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<sup>186</sup> See: [www.religioninsights.org](http://www.religioninsights.org) and [www.resourcingChristianity.org](http://www.resourcingChristianity.org) (accessed February 17, 2012).

worked for a handful of leaders to whom I was close but, in most cases, pastors' families hemorrhaged because of the incessant demands, hectic pace, and lack of attention to personal renewal and family responsibilities.

### **Wheaton College Study**

The Department of Psychology of Wheaton College recognized that very little research attention has been given to how clergy are able to remain resilient and maintain their personal ethical standards in the midst of such demanding work. Consequently, the Department conducted a study of senior pastors of a particular evangelical denomination in the United States. This study was a subset of a comprehensive burnout assessment conducted by Brower in 2001. For the Brower study, an idiographic questionnaire was developed to assess demographics, environmental demands, levels of social support, and levels of church conflict. Burnout was assessed using the third edition of the Maslach Burnout Inventory. The following questions were posed to the pastors:

1. What is the most important thing you do to prevent experiencing high levels of exhaustion and stress in your work as a pastor?
2. What is the most important thing the denomination could do to prevent its pastors from experiencing high levels of exhaustion and stress?
3. If high levels of exhaustion and stress adversely affected you or a fellow pastor, what would be the most important way your church or denomination could help?

Among the lessons learned from pastors in these studies, two central themes emerged that communicate the essence of their resiliency.

*Lesson 1: Intentionality is essential*

A major theme running through the research is that regardless of the expectations of the organization or parishioners, pastors find that they need to *intentionally* protect themselves, their marriages, and their families. Recognizing that they have committed themselves to a career in which intrusions into their personal lives are part and parcel of the job description, pastors must guard their right to have a life outside of their vocation by the prioritization of their lives, the careful arrangement of time away from their pastoral duties, and a refusal to be pressured into workaholism. This intentionality comes in several forms. While some spoke of vacation and other down time, other pastors mentioned never bringing work home to avoid the temptation, and still others spoke of placing as much control and structure into unavoidable “extra” duties as possible.

*Lesson 2: Intentionally connected*

Because finding meaningful egalitarian relationships within one’s congregation is challenging for many reasons, pastors often see their families, primarily their spouses, as their principal support system. Again, we can clearly see why a pastor’s marriage must be strong and vibrant. Pastors’ spouses contributed to their health and stability in a multiplicity of ways. First, some pastors identified explicit spiritual activities that were part of the marriage: praying together, praying for one another, and reading the Bible together. Second, some referred to the difficult role of being married to a pastor and fielding all sorts of unrealistic expectations from parishioners. Third, some mentioned emotional support. One pastor stated, “I have a best friend ... We laugh together, we play together, we pray together.” Fourth, some pastors identified their spouse’s capacity to

provide balance by providing a life outside work, and by speaking the truth about work when it needed to be spoken. Extra-familial relationships also emerged as a crucial element for clergy in the second study, with 42 percent identifying the importance of friendships with others outside their family and 35 percent emphasizing the importance of mentoring and accountability.<sup>187</sup>

### **Preparing Pastors**

This fascinating study redirects our attention to the healthy pastors who do survive and thrive in long-term church ministry. The study revealed that a high proportion of these pastors sense a definite call from the Lord. Second, these healthy pastors engaged in spiritual activities such as retreats, reading Scripture, keeping a journal, fasting, and prayer. In the face of stress and extreme difficulty, these clergy often found strength and purpose through the release of personal control, choosing rather to work under God's empowerment and guidance. Self-sufficiency did not appear to be a central goal for these pastors. Rather, they have attempted to connect with God, acknowledging their own weakness and relying on the One whom they perceive to be stronger and more capable.

Mental health providers that desire to serve pastors need to both understand the unique stressors inherent in pastoral work as well as respect the monumental importance pastors place on their calling and God's sovereignty in their work ... Prevention begins at the seminary level by supporting seminaries in their efforts to foster an atmosphere of openness in which all aspects of the pastorate are discussed, including the problems of dealing with difficult people, managing feelings of sexual attraction, protecting one's marriage, seeking out supportive friendships, and mentoring relationships, noticing signs of distress in oneself and one's

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<sup>187</sup> Meek et al, "Maintaining Personal Resiliency."

colleagues, and seeking help in times of distress. Prevention is also crucial at the denominational level.<sup>188</sup>

Our seminaries are vital: They must provide the template of pastoral health by stripping back the façade that pastors have few or no temptations, are experts in the marriage department, and know how to handle money both personally and in the church. We must get down to the basics in our spiritual formation classes—perhaps the best way would be to bring in pastors who have experienced a variety of problems and to conduct case studies that identify the causes, prevention, and help for ministers in training. I am a strong believer in seminary training for all clerics, and I believe equally that they should seek to pursue their education to the doctoral level. Pastors, uniquely, are engaged with eternal values and people’s eternal destinies—there is no margin for error.

### **Pastoral Compensation**

Compensation and money management issues can impact clergy health and vitality. The median compensation package in the U.S. for Protestant clergy (including housing allowance or parsonage) is a paltry \$35,852; for those who are full-time clergy it is \$40,000. It is difficult to raise a family on those kinds of meager wages. Low pastoral compensation often requires the pastor’s wife to take a job outside the home, thereby creating a potential complication to the harmony and cohesiveness of the family home. St. Mark’s Evangelical Lutheran Church sits near the campus of the University of Southern California in Los Angeles. The small congregation, with 200 members and a budget of \$130,000, is looking for a new pastor, who will be offered a salary and housing stipend of

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<sup>188</sup> Meek et al, “Maintaining Personal Resiliency,” 344-345.

between \$50,000 and \$60,000. Such a compensation package would be well above the average income of a Protestant pastor in America. But it would be equivalent to only half the average compensation for rabbis at Conservative synagogues of fewer than 200 households, or around 480 members.<sup>189</sup> The Pulpit and Pew survey found that the median salary for full-time Protestant pastors of churches (101 to 350 in attendance) in 2000 was \$41,051, which included a housing stipend. Of churches with 1,000 or more in attendance, the average salary for pastors was \$85,518.<sup>190</sup> The median salary for rabbis of very large Reform synagogues, with more than 1,000 members, was \$230,000. The average salary for rabbis of very large Conservative synagogues, with more than 1,000 members, was \$207,000, which did not include housing. No such statistics are available for Orthodox rabbis.<sup>191</sup> According to the highly respected Crown Financial Ministries, based in Lawrenceville, Georgia:

A recent study conducted by The National Association of Church Business Administration points out that the average American pastor with a congregation of 300 people earns a salary of less than \$28,000 and that one out of five pastors has to moonlight for supplemental income. The study also indicated that only 5 percent of American pastors earn more than \$50,000 a year, and 14 percent earn less than \$25,000.<sup>192</sup>

On the other hand, the average salary for a lead pastor in a mega-church is \$147,000, according to a recent survey. Salaries for lead pastors range between a high of \$400,000 and a low of \$40,000, as Leadership Network reported in its “2010 Large

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<sup>189</sup> Josh Nathan-Kazis, “On the Pulpit, Rabbis Earn More Than Christian Clergy,” *The Jewish Daily Forward* (Sept 24, 2010), [www.forward.com/articles/131325/](http://www.forward.com/articles/131325/) (accessed January 17, 2012).

<sup>190</sup> Becky R. McMillan, and Matthew J. Price, “How Much Should We Pay the Pastor,” *Pulpit & Pew Research Reports* (Winter 2003), [pulpitandpew.org/sites/all/themes/pulpitandpew/files/salarystudy.pdf](http://pulpitandpew.org/sites/all/themes/pulpitandpew/files/salarystudy.pdf) (accessed February 19, 2012).

<sup>191</sup> Nathan-Kazis, “On the Pulpit.”

<sup>192</sup> Crown Financial Ministries, “A Pastor’s Salary,” [www.crown.org/library/viewarticle.aspx?articleid=148](http://www.crown.org/library/viewarticle.aspx?articleid=148) (accessed February 19, 2012).

Church Salary and Benefits Report.” Executive pastors at churches that have a weekend attendance of 2,000 or more earn, on average, \$99,000 a year, and worship pastors are paid \$75,000.<sup>193</sup> But most of these surveys are geographically specific and have far too many polling limitations to present an accurate overall picture of compensation.

The Lilly Endowment fund has stepped back in to help with the problem of pastors suffering from financial problems in secret, thus adding burdens to their ministry and emotional well-being. Each program proposed by the Endowment fund for church bodies is designed to address the most urgent challenges facing their particular pastors and congregations. They all, however, include several common elements:

- A campaign to be conducted throughout the judicatory to inform congregational leaders about the financial pressures faced by their pastors and about the effects these pressures have on congregational vitality;
- A pool of funds, often called a Ministerial Excellence Fund, to be assembled and used to alleviate specific financial difficulties faced by pastors and their families;
- Educational programs to help pastors and congregational leaders engage in systematic financial planning and improve financial management skills;
- An effort to begin building up the financial and organizational resources needed to sustain these efforts over time.

The money provided by the endowment grants are to establish the Ministerial Excellence Funds and will be matched by donations from congregations and other sources. Each denominational body will determine how its funds will be distributed. Common uses include assistance to help new pastors pay off student educational loans,

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<sup>193</sup> Audrey Barrick, “Report Reveals Salaries of Mega-church Pastors,” *The Christian Post* (Sept 15, 2010), [www.christianpost.com/news/report-reveals-salaries-of-megachurch-pastors-46779/](http://www.christianpost.com/news/report-reveals-salaries-of-megachurch-pastors-46779/) (accessed February 19, 2012).

money to enable clergy and their families to address emergency expenses, and incentives to build up retirement savings.<sup>194</sup>

### **Pastoral Breakdown**

Sadly, as this study has revealed, a major percentage of pastors do not endure the pressure and stress, and many succumb to one of many physical, moral, or emotional maladies and are crippled for the rest of the lives. Pastors, uniquely, never experience their problems alone. Because of their exponential influence and their public profile, family members, church members, and attendees are all deeply affected when a pastor falls or becomes afflicted, ill, depressed or incapacitated. We must therefore create a plan for the spiritual, mental, and emotional health of clergy, and that plan needs to be specific and carefully followed.

Frequent transition and burnout are the unwelcome companions of many pastors today. Stress-related diseases plague clergy to such an extent that one study concluded they have one of the highest death rates from heart disease of any vocational occupation.<sup>195</sup> The Clergy Health Initiative, a seven-year study Duke University began in 2007, recently published the first results of its study of 1,726 pastors. Compared with neighbors in their census tracts, ministers reported significantly higher rates of arthritis, diabetes, high blood pressure, and asthma. Obesity was 10 percent more prevalent in the

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<sup>194</sup> Gretchen Wolfram, "Lilly Endowment Award Grants to Help Pastors Address Financial Challenges," (Feb 3, 2009), [www.lillyendowment.org/pdf/Economic%20Challenges.pdf](http://www.lillyendowment.org/pdf/Economic%20Challenges.pdf) (accessed February 19, 2012).

<sup>195</sup> Calvert, et al, "Ischemic heart disease," 960–966.

clergy group.<sup>196</sup> In 2003, the Board of Pensions of the Evangelical Lutheran Church in America (ELCA), alarmed by the rising cost of health insurance for ministers, commissioned a study on the health of church leaders. The report concluded that the health and well-being of the ELCA's rostered leaders is a serious concern. With the help of the Mayo Clinic in Rochester, Minnesota, the ELCA created a website that allows clergy, seminarians, and others to record personal health information and receive assessments and suggestions. The first round of assessments, in 2004, found high percentages of participants at risk from poor nutrition (72 percent); overweight (64 percent); stress/depression (62 percent); hypertension (60 percent); and other ills. The 2005 results were similar.<sup>197</sup>

The study, conducted by Grey Matter Research & Consulting (formerly Ellison Research) of Phoenix, Arizona, of a representative sample of 870 Protestant church ministers nationwide, asked pastors about the health of their family and the pressures of being the family of a minister. According to the study, the vast majority of Protestant clergy believe there is additional pressure on pastors' families. Data revealed that 94 percent of respondents agree with the statement, "There is extra pressure being married to a minister," including 54 percent who strongly believe this. Just 10 percent of ministers feel they spend an extremely healthy amount of time with their children, and the average rating is just 3.4 on a five-point scale.<sup>198</sup> More research, conducted among a representative sample of 568 senior pastors of Protestant churches, revealed that the

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<sup>196</sup> "Clergy Health Initiative," [divinity.duke.edu/initiatives-centers/clergy-health-initiative/news-and-publications#publications](http://divinity.duke.edu/initiatives-centers/clergy-health-initiative/news-and-publications#publications) (accessed February 17, 2012).

<sup>197</sup> Amber Leberman, "Washington Post highlights ELCA Clergy Health Study," *The Lutheran* (Mar 29, 2006), [www.thelutheran.org/blog/index.cfm?person\\_id=2&blog\\_id=245](http://www.thelutheran.org/blog/index.cfm?person_id=2&blog_id=245) (accessed February 17, 2012).

<sup>198</sup> Grey Matter Consulting, "Research shows pastors may not have a realistic view of the health of their own families," (July 19, 2005), [greymatterresearch.com/index\\_files/Pastor\\_Families.htm](http://greymatterresearch.com/index_files/Pastor_Families.htm) (accessed January 17, 2012).

typical pastor is not in terribly good shape physically: They average under seven hours of sleep a night, are on average more than 30 pounds overweight, and often suffer from stress. They skip meals, eat unhealthy foods, and have sleeping problems. “Pastors also often are not getting exercise. Only half said they get the recommended minimum, which is 30 minutes of exercise at least three days a week. Twenty-eight percent said they do not get any exercise at all.”<sup>199</sup> The Mayo Clinic has stressed how important exercise is to feeling healthy. Mayo points to the benefits of exercise: it increases your endorphins, it is meditation in motion, and it improves your mood. “One way to take control of the stress in your life is through physical activity. Being active can boost your feel-good endorphins and distract you from daily worries.”<sup>200</sup> According to Arrow Leadership, “Stewardship is a foundational concept for Christian leaders ... however, in our desire to be good stewards of time, talent and treasure, we can easily overlook two critical and core elements – physical health and energy.”<sup>201</sup> Arrow Leadership confirms American public health statistics: The average American sleeps less than 6.5 hours; one-third of all people are overweight, another one-third are obese. Obesity is now close to overtaking smoking as the number one, preventable cause of death. Only 15 percent of Americans regularly engage in vigorous physical activity for 20 minutes a day at least three times a week. Only 14 percent of Americans scheduled a vacation of 14 days or more in 2008, and millions of vacation days were left unused. The impact is dramatic, with studies showing

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<sup>199</sup> Grey Matter Consulting, “Research demonstrates that the typical Protestant pastor is overweight, with poor eating and sleeping habits and high stress,” (Aug 1, 2003), [greymatterresearch.com/index\\_files/Pastor\\_Health.htm](http://greymatterresearch.com/index_files/Pastor_Health.htm) (accessed Jan 17, 2012).

<sup>200</sup> Mayo Foundation for Medical Education and Research, “Exercise and stress: Get moving to combat stress,” (July 23, 2010), [www.mayoclinic/health/exercise-and-stress/SR00036/METHOD=print](http://www.mayoclinic/health/exercise-and-stress/SR00036/METHOD=print) (accessed Jan 17, 2012).

<sup>201</sup> “Stewarding Physical Health and Energy,” “One Degree 2/7” <http://www.arrowleadership.org> (accessed February 17, 2012).

that non-vacationers have a significantly greater chance of depression, heart attack, or death from any cause.

We know that congregational health and the pastor's health are linked. Stress activates the neurological response, which manifests itself physically through increased heart rate, release of adrenalin, and muscle tension. Wayne Cordeiro, founder and senior pastor of New Hope Christian Fellowship in Honolulu, Hawaii, one of the fastest-growing churches in the United States, and a church planter who helped start over 100 churches in the Pacific Rim, found himself unexpectedly in total burnout, weeping on a curb during a run. He wrote:

When I got back to Hawaii, I immediately made an appointment with a Christian psychologist, who confirmed my suspicions. "You have depleted your system," he said. "Your serotonin levels are completely exhausted." He went on to explain. "Serotonin is a chemical like an endorphin. It's a natural, feel-good hormone. It replenishes during times of rest and then fuels you while you're working. If, however, you continue to drive yourself without replenishing, your store of serotonin will be depleted. As a substitute, your body will be forced to replace serotonin with adrenaline. The problem is that adrenaline is designed for emergency use only. It's like those doors in a restaurant that when opened cause an alarm to sound. Our problem, though, is that we use these pathways for emergency use only, but no alarms sounds. Not at first anyway. Should you continue to run on adrenaline, it will destroy your system."<sup>202</sup>

### **Boundaries or Exhaustion**

As a Christian leader and a pastor, I, too, have experienced the exhaustion of running on adrenaline and, due to an intensely busy schedule, actually physically broke down on two occasions. In one year I had written the book, *Why Suicide? What Parents*

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<sup>202</sup> Wayne Cordeiro, *Leading on Empty* (Minneapolis: Bethany House, 2009), 25-26.

*and Teachers Must Know to Save our Kids*<sup>203</sup> and spoke 410 times in twelve months in cities all over North America, in addition to appearing on 101 radio and television interviews. People from all over the nation sent me stories of how their brother, son, daughter, dad, mom, cousin, or nephew had committed suicide. We promoted the book in a tour of evangelistic rallies and crusades that took us to the largest churches of the nation, coast-to-coast, and the response was enormous. Suicidologists in the U.S. had not issued a strong signal to media outlets that reporting an adolescent suicide could actually create a contagion effect. Plano East High School, in the affluent section of north Dallas, asked me to come speak to the student body after 11 high school students committed suicide in one year. Although it rescued and saved innumerable young lives, the entire tour left me on the brink of utter physical and emotional bankruptcy. My days of stress were not over, in fact, for what I had endured was just an appetizer for what was coming. Slowly, but surely, I had to learn how to establish boundaries.

Anne Jackson wrote *Mad Church Disease: Overcoming the Burnout Epidemic*. As the daughter of a pastor, Anne saw first-hand the struggles that leaders face and the toll it can take on their families. She vowed that her life in ministry would be different. Yet, years later, as a church leader, she was hospitalized because stress worked havoc on her own body. She experienced burnout. Jackson developed a website that allowed church leaders to share their struggles. Within a few days, she was flooded with over 1,000 responses from people pouring out their stories of pain. Her book was born out of that experience, and some of the most well-known names in American evangelicalism replied with the personal lessons they had learned to maintain health. Tragically, Jackson

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<sup>203</sup> Jerry Johnston, *Why Suicide? What Parents and Teachers Must Know to Save our Kids* (Nashville: Oliver-Nelson Books, 1987).

later experienced more burnout, as she was divorced from her husband after the book's launch—proving again the serious nature of this subject of pastoral health. Jackson asked Bill Hybels: What boundaries did you set up in your life, both personally and professionally, that helped you from moving into a self-reliant mode?

I'm a firm believer in the spiritual disciplines. For example, I'm very committed to a pattern of solitude—secret acts of service, prayer, and journaling. I try to engage in daily journaling to chronicle the activity of God in my life and to help me sort out the complexities and the distractions that always seem to crop up. I'm also quite disciplined with my workday. I leave the office between 4:00 and 4:30 pm every single day. I watch how many nights in a row I'm out in a given ministry week. I take Sunday afternoons and Mondays off every single week, and in the summertime, I take a summer study break to allow a physical and emotional and spiritual “refilling” of sorts to counterbalance the “output” mode that typically characterizes my life.<sup>204</sup>

Without boundaries or limits, an ardent commitment to physical exercise, and a specific commitment to family time with protective barriers set in place, a pastor's physical, emotional, spiritual, and moral life can corrode—and it is all preventable. Jackson profiled mega-evangelical leader, Craig Groeschel, senior pastor of LifeChurch.tv.:

I'm away from home one night a week—that's when I'm preaching on Saturday nights. We are literally together six nights a week as a family. The key to developing that environment is protecting our time in the evenings. I don't do evening meetings, don't schedule dinner meetings, and don't have the Elders meetings in the evening. We have those meetings early in the morning or at lunchtime. I get home around 5:15pm every night, and that is practically set in stone. You should design your ministry around your family values. It can be challenging because not every staff person can do that all the time, but you can to some degree.<sup>205</sup>

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<sup>204</sup> Anne Jackson, *Mad Church Disease: Overcoming the Burnout Epidemic* (Grand Rapids, MI: Zondervan, 2009), 43.

<sup>205</sup> *Ibid.*, 115.

Groeschel is a busy pastor and has every excuse to have mixed-up priorities and a life with no boundaries. As of May 2010, there were thirteen LifeChurch.tv campuses located across the United States (not including the Internet campus or the “Second Life campus”). LifeChurch was listed, in late 2011, as the second-largest church in the United States with an attendance of 39,000. Craig has ordered his private world and prioritized his family. Every pastor can make the same decision and teach his elders and congregation why he will serve them better if he has his personal priorities in place.

A number of well-meaning parishioners have a terrible misunderstanding about the primacy of the role of the pastor. This is particularly true in smaller churches where older members want a “pastor-on-demand” for their least little whim or toothache. Anne Jackson asked Matt Carter, senior pastor of the Austin Stone Community Church, in Austin Texas: What do you see as the primary responsibilities of pastors and church leaders?

In Scripture, we see two primary responsibilities of the pastor: servants to Christ and stewards of the mysteries of God. The apostle Paul wrote, “Men, ought to regard us [pastors] as servants of Christ and as those entrusted with the secret things of God. Now it is required that those who have been given a trust must prove faithful” (1 Corinthians 4:1–2). Unfortunately, so many pastors view themselves first and foremost not as servants of Christ, not as those responsible for stewarding the deep things of God to their people but rather as servants to the church! I grew up in a church that expected the pastor to be available to meet every whim and need of every congregant. If somebody was in the hospital, he better go! If someone needed to meet with him, he better be available! If he spent too much time on his sermon rather than with the people, it was said of him that he was “a good preacher” but “not a good pastor.” Although hospital visitations, meetings, and coffee times are important, Scripture reveals that they are not the pastor’s primary responsibilities. Being a servant of Christ and a steward of the deep things of God are.<sup>206</sup>

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<sup>206</sup> Ibid., 130-131.

We have learned from three pastors who represent three of the largest ministries in the United States, and who decided to set up boundaries to protect their families, their health, and the vitality of their preaching the word of God to the people. There is no other course for a minister to take if he desires to have a long, fruitful, fulfilling ministry. In the next chapter, I will enlarge on the soul-care component of these highly disciplined men. But these principles are useless unless they are taught to the elders and the congregation, not just once, but a couple of times each year. In no time, the congregation will feel the benefits of a healthy pastor ministering to them because they had the maturity to steward him to a balanced, Spirit-filled, Spirit-controlled, physically active, and non-sedentary life.

According to John A. Sanford, who wrote *Ministry Burnout*,

My father was an Episcopal clergyman, and when he was a young man and I was a boy I remember that he worked what seemed like endless hours. All day, most evening, and often seven days a week he would labor at his parish duties. He was effective too: a respected priest, efficient rector, and a good pastor. But later in his life he changed. He still worked hard and effectively (perhaps more effectively than before), but he did not work endlessly. I remember that once he said to me, "I used to work all the time. Now I decide what is an honest day's work and do it and then go home."<sup>207</sup>

Sanford relates the special difficulties that help contribute to ministry burnout that we would benefit from noting:

1. The job of the ministering person is never finished.
2. The ministering person cannot always tell if his work is having any results.

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<sup>207</sup> John A. Sanford, *The problem of endless work: Ministry burnout* (Ramsey, NJ: Paulist Press, 1982), 17.

3. The work of the ministering person is repetitive. Not only is the work never finished, it continually repeats itself. Christmas comes over and over, the services must be repeated, etc.
4. The ministering person is dealing constantly with people's expectations.
5. The ministering person must work with the same people year in and year out.
6. Because he works with people in need, there is a particularly great drain on the energy of the ministering person.
7. The ministering person deals with many people who come to the church or the pastor not for solid spiritual food but for "strokes."
8. The ministering person must function a great deal of the time on his "persona."
9. The ministering person may become exhausted by failure.<sup>208</sup>

### **Physical Health of Pastors**

Although personal in nature, it is essential in this dissertation that I share the most severe trial my wife and I endured, a trial that forced us to discover a path out of burnout. The time of the greatest stress in my pastorate and ministry, described earlier, became, strangely and unexpectedly, the greatest breakthrough discovery of physical health for me. My weight had ballooned to nearly 250 pounds, and I was taking aspirin, regularly, as I felt chest pains. I remember one day looking at myself in the mirror and recognized that my entire physique had changed, and that there was a protrusion in the front center area of my body. My wife had heard about a local medical doctor, Dr. Rick Tague, who had a different kind of medical practice, one that established a focus on achieving optimal weight and metabolic health. Tague has said that some of his best training for health and weight management came while he was at Kansas State University studying chemical engineering. In particular, he became very interested in the study of energy (calorie)

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<sup>208</sup> Ibid., 5-15.

management in different mechanical systems. Later, at Tulane Medical School and School of Public Health, Tague's interest focused on nutrition, preventative medicine, and health promotion, Tulane being one of only two medical schools in the U.S. that offered training in public health and nutrition in addition to medical training.

Pastors and people need to be weaned from the notion that they can live a precarious lifestyle, indulging in excesses on a regular basis and, simultaneously, expect medicine to give them the magic bullet—a pill, a bypass operation, chemotherapy, a facelift, liposuction, a tranquilizer, or medicine for ulcers. Medication, which should be taken to resolve or treat illnesses, has become a lifestyle choice for many pastors, allowing them to accommodate their lack of physical health. This problem may mask and contribute to health problems rather than lead toward well-being. Many pastors that I know are dependent upon medication to conduct their ministry. Additional medication can cover up the symptoms of bad health and an unhealthy lifestyle, and that can be very dangerous. Our bodies give us strong signals when we are taking care of everybody else and not ourselves. When we have those pains we can reach for a sedative, a sleeping pill, a statin, or an aspirin, but eventually we must change our lifestyle and choose the disciplined steps for good health. Our entire ministry is dependent on how we take care of the body, which is the temple of the Holy Spirit (1 Corinthians 3:16). A combination of those medications impedes a pastor's sex drive, and that hinders a healthy sexual relationship with his wife, which again is vital to ministry.

For some, it is a sense that they are 20 to 30 years older than their chronological age. I'm tired, doc, and just can't keep up. Men and women in their 40's and 50's often have high blood pressure, diabetes, high cholesterol, joint pain, and have typically experienced 30+ pounds of weight gain since their twenties. When they should be in their most

productive years of life, they often tell me their energy is just barely enough to get them through the day. Their marriages and love lives suffer because of irritability, fatigue and loss of sexual function that should not be issues until their 70's or 80's. Medications prescribed by their physicians are expensive and have unacceptable side effects. Life, it seems, has passed them by.<sup>209</sup>

Five out of the ten leading causes of death in the U.S. are related to what we eat. One more is the direct result of smoking. Another three are often the result of excessive alcohol intake. Dr. Tague asserts: "We all want to live long, healthy, productive, disease-free lives. By creating positive habits in the area of nutrition we can take steps toward preventing ugly things like strokes, cancer, heart attacks, and diabetes."<sup>210</sup>

When I went to consult with Dr. Tague, he was the first physician who, after analyzing my blood profile, made a number of dire predictions about my future health and decided to help me change my eating habits and learn to exercise instead of just prescribing me a pill. Tague confronted me, and then, through a specialized diet, which included a number of protein-enhanced shakes, soups, and bars, helped me drop 50 pounds. My blood profile totally changed within a few months and showed signs of improved health and actually stopped what could have been debilitating health problems. I have never felt better. In no time, I was running three miles on a treadmill in 33 minutes.

One of the first steps towards the restoration of metabolic health is to provide the body with the essential vitamins and minerals it needs. Simple enough but, digging deeper, we realize that the body generally does not use vitamins in the form that they occur in foods—they must be transformed. If a person's metabolic processes work

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<sup>209</sup> Rick Tague, "Metabolic Health: A Key to Being Truly Well," [www.TagueNutrition.com](http://www.TagueNutrition.com) (accessed February 16, 2012).

<sup>210</sup> Rick Tague, "The CARING Diet: A Long Term Nutrition Plan for Optimal Health and Weight Control," [www.taguenutrition.com](http://www.taguenutrition.com) (accessed February 16, 2012).

correctly, the body can transform dietary vitamins and minerals into the “biological active” form in which they occur in foods. If a person’s metabolic processes work correctly, the body can transform dietary vitamins and minerals into their “biological active” form to become effective. However, because perfection does not exist in our metabolic processes, we need the most help we can get. That is where Dr. Tague’s nutrition solutions came into play for me.

Dr. Tague reminded us that multivitamins can make a difference. One study of internal medicine showed that adults over age 45, taking a multivitamin, lowered the risk of infection by 40 percent and the chance of missed workdays by over 60 percent. It is a fact that 50 percent of the population gets less than the recommended daily allowance of vitamins C and A, and the minerals calcium and iron. The antioxidants include vitamins C and E and beta-carotene, flavonoids, and selenium. They protect against oral, esophageal, and reproductive cancer, as well as heart disease. A high-dose combination of vitamin C, vitamin E, beta-carotene, and zinc reduces the risk of developing advanced, age-related macular degeneration (the most common cause of adult blindness).<sup>211</sup> Following Dr. Tague’s nutrition plan each day, I drink at least eight 16-ounce bottles of water per day and take the following supplements: Metabolism Essentials—a vitamin, mineral, phytonutrient formula to support optimal metabolic health (six each day, three at breakfast/three at dinner); Memory Support—Phosphatidylserine with Ginkgo Biloba Extract (two at breakfast); Cal Mag Essentials—six-source Calcium and Magnesium complex Chelated Minerals with Synergists (one at breakfast/one at bedtime); DHEA 25 mg (two at breakfast/two at bedtime); Vitamin D-3 (one at bedtime); Ultra Omega-3, 500

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<sup>211</sup> Rick Tague, “The CARING Diet,” 10.

EPA (three at lunchtime); Ubiquinol CoQ10 (one at lunch/one at dinner); Potassium Citrate (six at breakfast/six at dinner); 5-HTP – hydroxytryptophan (two at bedtime); Natural Resveratrol—200 mg Red Wine Extract (one at lunch); Ultra Green Tea—EGCG concentrate decaffeinated antioxidant (breakfast/lunch/dinner); Ginkgo Biloba—(breakfast/lunch/dinner); and Chromium GTF 200—Chelated Chromium Polynicotinate (involved in carbohydrate metabolism and supports healthy blood sugar levels: one at breakfast).

My intake regimen is a total of 42 supplements each day that make an amazing difference in my body. In addition, I have a fiber drink immediately when I wake up in the morning. If I am having difficulty sleeping, then I take melatonin, a natural supplement. Rarely do I miss taking any of my daily supplements. I now understand that I am a steward of the body which the Lord has given me to serve Him (1 Corinthians 4:2). I endeavor to run three miles at least three times a week, preferably on a commercial grade treadmill, and often lift weights with a trainer. The chest pains are gone and very rarely do I reach for the aspirin. I want to emphasize that this regime for health began for both my wife and me when we were going through the most difficult days of our lives. I can only wonder where we would be—and in what physical and mental condition—had we not made these decisions about choosing a healthy lifestyle.

Dr. Tague has created what he refers to as the CARING Diet: Crete and Research In Nutrient Goals, a modified version of the traditional diet from the Greek island of Crete. When compared to diets from seven other countries, those on the Crete diet had half the cancer death rates of Americans; one-twentieth the American death rate from heart disease; and one-half the death rate of the Japanese and Italians. In another study,

those on the Crete diet had a 76 percent lower risk of dying from heart disease or stroke than those on the American Heart Association diet. Dr. Tague has established seven primary elements to the CARING Diet:

1. Eat foods rich in Omega-3 fats. These specifically include wild salmon, tuna, trout, mackerel, sardines, walnuts, flax seeds and green leafy vegetables.
2. Use olive oil and canola oil as primary oils in your household. Avoid corn, safflower, sunflower, soybean, and cottonseed oils.
3. Eat seven or more servings of fruit and vegetables daily.
4. Eat vegetable protein like beans and nuts regularly.
5. Limit animal fats. Use fewer dairy products, fish and lean poultry. Limit red meats.
6. Avoid trans-fatty acids found in margarine, vegetable shortening, commercial pastries, deep-fat fried foods (French fries and chips), prepared snacks, mixes and convenience foods. Avoid “partially hydrogenated oils” in processed foods, which also contain cancer-causing trans-fatty acids.
7. Take supplements (vitamins, minerals, Omega-3 oil, phytonutrients) in adequate amounts as supported by the latest research, to support optimal health and disease prevention.

Other aspects of the CARING diet include using limited amounts of whole grains in place of processed grains; using fresh fruit and vegetables grown locally when available; using herbs for seasoning over salt; drinking plenty of water, and enjoying wine in moderation when appropriate. Another critical aspect to the CARING lifestyle is to incorporate physical activity into your daily routine.<sup>212</sup>

### **Vacation Time**

Early in my ministry, when my three children were very young, I insisted that we fly to Hawaii for a family vacation. I distinctly remember a staff member chiding me for “leaving” with all the ministry demands before us. Thank God I ignored his advice. When

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<sup>212</sup> Rick Tague, “The Caring Diet.”

our children are questioned about their upbringing and favorite memories, they immediately recall our numerous family vacations: I insisted that we take them at least once a year. A pastor's first ministry is to his family, and that ministry is not effected from behind a pulpit or pontificating at a dinner table. Most often, it is demonstrated by secluding ourselves and spending time with the children pursuing their interests, which speaks volumes about their being a priority in our lives. Every pastor must have at least an annual vacation with his family undisturbed from the cares at home. To shortchange a family of this opportunity is to rank them low in priority. Pastor, take time for yourself, your family, your children, and handle your money very carefully.

In addition to family vacations, Cristie and I take two or three short romantic vacations each year. During these extra special trips, we find a secluded destination where we can turn back the clock and act as if we are in our first months of dating. Each night I take Cristie to dinner. We both dress up and make it special by having warm, intimate conversations. We call these excursions "romantic rendezvous" and, believe me, they are totally fulfilling. Now we are starting to make small photo albums of each, hard bound in picture books, so we can remember and look forward. Very candidly, when I think of a "hot woman," I think of my wife. Isn't that the way it is supposed to be?

## **Conclusion**

Pastors often are stressed and succumb to making poor family, marital, and moral decisions because they do not maintain the temple of God, the body, through a carefully designed exercise and rest regimen. Intentionality is the key to the establishment of spiritual and physical disciplines. Pastors and church leaders should work cooperatively

to create a balanced ministry schedule that honors the Lord, the family, and the church with the mobilization of key, spiritually gifted staff and lay leaders. Healthy pastors are mirrored in healthy churches. Sabbaticals, vacation time, and adequate compensation are essential to pastoral family health.

History tells us of great Christian leaders who faced much tougher, more difficult times than we do in ministry and yet thrived. John Wesley, as we have often heard, rode over 250,000 miles on a horse preaching the Gospel and electrified England for Christ. What was the invisible strength of these mighty men? It is all wrapped up in the pursuance of “soul care.” These giants of the faith never fell out of love with Jesus Christ, and, in fact, nurtured the continued growth of their spiritual lives in interesting ways—the next and final chapter encourages us all to do the same.