

# Black Church Studies

at Duke Divinity School



CLERGY HEALTH  
INITIATIVE



## *To Heal the Wounded Soul Final Report*

*Grant dates: October 1, 2022 – March 31, 2023*

## Executive Summary

The Duke Office of Black Church Studies and the Duke Clergy Health Initiative created and conducted a program to improve the well-being of clergy who are Black, Asian American, Native American, and Latinx in North and South Carolina and are part of a Methodist denomination or have ties to Duke Divinity School. The program ran from February 2022-March 2023 and served 273 clergy (unique individuals), as well as 168 guests (not necessarily unique individuals) whom they invited to accompany them on one or more retreats.

The *To Heal the Wounded Soul* Program consisted of:

- participating in an arc of three retreats, spread across a year, with themes of relief, recovery, and resilience;
- learning from thought leaders at the retreats who offered worship and theological framing;
- benefitting from a facilitated peer support group during each of the retreats and two facilitated peer group sessions outside of the retreats;
- engaging with well-being practices; and
- working with lay leaders to develop a list of referrals for a variety of congregant needs, to reduce stress and make it easier for clergy to respond to congregant needs when they arise.

Comments from focus groups revealed that prior to the retreats, clergy were overwhelmed, stressed, and facing burnout, with some stating that they were struggling spiritually. All felt a strong need to take a break, without an obvious way to do so prior to *To Heal the Wounded Soul*. A year later, the participants reported increased well-being and attributed improvements in feelings of ministry renewal to participation in *To Heal the Wounded Soul*, pointing specifically to the perceived benefits of the peer support groups and the culturally affirming breaks offered by the retreats. In addition, they believed the new meditation practices, communication techniques, and strategies for setting boundaries would benefit their self-care in the future.

Participants completed surveys prior to their first retreat and just prior to or after their final retreat. Overall, the findings suggest a positive trend in wellbeing that may have been due to the *To Heal the Wounded Soul* project. Because of our study design, we cannot rule out that the changes are due to other improvements in life, such as changes following the most severe times of the COVID-19 pandemic. The most notable improvement was the percentage of participants scoring as having flourishing mental health, which increased from 58% of participants at baseline to 74% of participants post-intervention. Improvements were also seen in depressive symptoms, anxiety symptoms, occupational distress, and burnout. We have communicated these findings to the denominational officials who supported these efforts.

*To Heal the Wounded Soul* is a unique project designed specifically for clergy during COVID-19, with special emphasis on addressing racialized stress through Black, Latinx, Asian American, and Indigenous clergy coming together for relief, restoration, and resilience.

## Table of Contents

Executive summary	1
Introduction	3
Components	3
Retreat component	3
Peer support group component	3
Robust Referral System component	4
Staff Activities	5
Staffing	5
Recruitment	5
Retreat design	6
Handling COVID-19	6
Retreat locations	7
Venue and participant communication	7
Facilitated peer groups and the Robust Referral System trainings	8
Retreats	9
Retreats overview	9
Speakers	10
Activities and invitational offerings	12
Extended retreat content	14
Evaluation and findings	14
Survey design, analysis, and findings	14
Focus group design, analysis, and findings	22
Lessons learned	26
Hopes for the future	28
Appendices	29
Peer group facilitators	29
Advisory Council members	30
To Heal the Wounded Soul baseline demographics	31
Baseline occupational characteristics across the denominations	32
Tables by cohort	33
Participant denomination and region by cohort	33
Participant denomination, region, and ethnicity for Cohort 3	34

## Introduction

### Rationale

*To Heal the Wounded Soul* emerged from a recognition that BIPOC clergy have had a particular experience during the pandemic that might make them more susceptible to burnout. Black and Latinx communities saw disproportionate death rates from COVID compared to their White counterparts, which means that BIPOC pastors had to walk with people through grief, anxiety, and economic hardship, sometimes while holding their own grief around the loss of loved ones, and facing other pandemic related stressors. Some of those stressors were concerns about when in-person worship could resume, and how that might impact the future of the congregation, or trying to figure out how to stream services for the first time and keep the community together through virtual gatherings. Added to this were the racial tensions that seemed to come to a head following the death of George Floyd early in the pandemic. *To Heal the Wounded Soul* sought to offer support to these clergy by bringing them together in community to build natural support systems and by offering strategies aimed at supporting their overall well-being.

*"The burnout part? I do that to myself all the time, it didn't take COVID to do that to me. I struggled with that anyway, so I was already burnt out, and I kept trying to keep going and keep going and keep going, and it was just harder to pull the load, because not only was I trying to keep going, I was trying to pull people with me, and say, "Come on, y'all, we got to get through this." And so it was heavy. It was heavy, heavier than the norm."-*  
Cohort 1 Participant

### Components

The three major components of the program were retreats, peer support groups and an optional Robust Referral System component.

#### Retreat component.

Participants were invited to take part in a series of three retreats which would walk them through an arc of relief, recovery, and resilience to promote positive mental health. We began with relief. Pastoring during the pandemic had demanded a lot of pastors' time and energy, and we thought participants would need some time to pause and reflect to even begin to process how the previous two years had impacted them personally and professionally. The second retreat in the series focused on recovery, that is, giving clergy the tools to support them in the work of healing. The final retreat focused on resilience—developing habits to support positive mental health through the ups and downs of ministry.

#### Peer support group component.

At each retreat, clergy met in person with a peer group of no more than 10 clergy, facilitated by a professional. These peer groups also met, virtually, between retreats. The peer group was designed to give participants an opportunity for deeper processing as well as offering them tools that could support their own mental health. It was important to have facilitators who understood the experience of clergy and could properly hold the weight of what they might share. We selected peer group leaders who were seminary-trained and had clinical training in mental health or pastoral education. Several had served or were serving in some pastoral capacity, but we were intentional about selecting facilitators who served outside of the denominations from which we recruited participants to assure pastors that what they shared would not somehow get back to their denominational leaders. We also took care to secure facilitators who reflected the racial makeup of the participants, particularly Asian American, Latinx, and Native American participants.

With large cohorts of clergy, these small group gatherings of no more than 10 people were important for providing clergy with a space to process both their pre-existing experiences and the information they were learning at the retreat. Peer groups met for two hours at the site of each retreat, and once virtually between retreats, for a total of five meetings over the course of the program. Facilitators also initiated two one-on-one calls with each participant over the course of the program for additional support.

Participants said:

*I love my group. I feel safe and cared for. Even though I am a helping professional, I found that I had layers of things that grieved my heart. It was good to allow myself to be guided by someone else and trust the process...*

*And this is what I do want to say too is, yes, I don't mind saying I have Jesus and I have a therapist...And so, yes, the mental health and this program, when I saw it and when I told my therapist I was going, he said, "Reverend xxxx, please go. You need that." And a lot of times we like to say, "Yeah, what happened in this house, let it stay in this house and don't talk about it." But I did not realize until 2022, after being in this session and saying that, "It's okay, and yeah, I feel you, Brother." I felt like I was an oddball in the group of every place I went. You know? I felt like I was an odd one, even with my family. But then I find out what my deal was, and now I deal with it. And I still go to my therapist, and it's not part of the fact of getting a check, but it's real. I deal with XXXX. That's my diagnosis. I have no shame in my game. I'm still a child of God. I'm beautifully and wonderfully made. Yes, I have a diagnosis, and it's good, and it's very good. Just pray for me, and I pray for you. – Cohort 2 Participant*

#### Robust Referral System component.

We also offered training in a Robust Referral System as an optional component of the program. Clergy and lay leaders who elected to participate received training about how to identify local resources of all kinds to support their congregations, how to compile those resources and maintain an updated list, and how and when to make referrals. (See below for more details.)

## Staff Activities

### Staffing

To conceptualize and implement this multi-pronged project in the space of just 15 months, we had a large team. The team included new hires and consultants. Our work included getting to know each other and our strengths and weaknesses in order to come together for this invigorating project. Everyone was fully bought into the importance of our mission. Important to this project, most team members identified as Black or multiple ethnicities, and we formed and met with an Advisory Committee of 13 clergy who represented the racial, denominational, and geographic diversity of the Wesleyan denominations whose clergy we sought to support, in both North and South Carolina (see Appendix).

The principal investigators of *To Heal the Wounded Soul* were Dr. David Emmanuel Goatley, Director of the Office of Black Church Studies and Associate Academic Dean at Duke Divinity School, and Dr. Rae Jean Proeschold-Bell, Director of the Duke Clergy Health Initiative and Duke Research Professor of Global Health. They were joined by two consultants who gave important shape to the retreat content and flow: Dr. Donna Coletrane Battle (MDiv and PhD in Marriage and Family Therapy) and Dr. Fatimah Salleh (MDiv and PhD in Mass Communication). Dr. Battle also hired and supervised the peer support group facilitators and attended the majority of the retreats. Nicole Beckwith, MPH, of the Duke Center for Health Policy & Inequalities Research, brought event expertise and supervised the two co-directors.

Dr. Goatley identified candidates for the role of co-director, and together with Dr. Proeschold-Bell hired Rev. Chalice Overy from the AME Church and Rev. Tamario Howze from the AME Zion Church. As co-directors, they were the full-time members of the team and functioned with a high level of autonomy and creativity. Both were involved with all retreat components, and divided tasks at times; Rev. Overy led communications and enacted the Robust Referral Systems training and Rev. Howze led recruitment and data collection response rates.

Logan Tice, MA, of the Duke Center for Health Policy & Inequalities Research, oversaw IRB, contracting activities, and budgeting, with financial oversight from Latoya Bethea, MBA, which later changed to Beverly Cates, BS, and disbursement assistance from the accountant at the North Carolina Council of Churches. Andy Weinhold, MPH, also of the Duke Center for Health Policy & Inequalities Research, oversaw survey programming and participant tracking.

For the retreats, in addition to the co-directors and their supervisor, Duke Divinity School master of divinity student and later graduate, D. Nicole Williams, organized and enacted protocols, and numerous volunteers helped set up each retreat. We contracted with 6 retreat thought leaders (see Retreats section) and 17 peer support group facilitators (see Appendix). Rev. Jessica Stokes of the North Carolina Council of Churches developed the Robust Referral System component.

In total, at least 49 employees, paid consultants, and Advisory Board members worked closely to design and carry out *To Heal the Wounded Soul*.

### Recruitment

With a relatively short amount of time between the grant award and the first retreat, our staff immediately got to work on recruitment and retreat planning. We started building relationships with denominational leaders from the AME Church, AME Zion Church, CME Church, and UMC. We also

contacted the many tribal councils in North and South Carolina to let them know of our activities and get their approval of the research aspects of *To Heal the Wounded Soul*. After getting denominational leader buy-in, we were in contact weekly, sharing invitations for them to pass on to their pastors, and listening to understand how best to appeal to their particular clergy demographic. This often meant crafting different messaging for different groups. To aid us in recruitment, we developed electronic systems to help us track interest, register participants for the program (including IRB consent) and capture their information. Our recruiting efforts resulted in 273 clergy participating in the program.

### Retreat design

While recruiting, we also began to flesh out the retreat design—translating the intent of each retreat in the series into actual sessions and activities. This included working closely with retreat presenters and identifying BIPOC practitioners to lead sessions around mindfulness, yoga, and the arts. We decided that for each retreat, we would have invitational rooms to create “invitational spaces” for meditation, relaxation, or recreation that clergy could engage on their own schedule throughout the retreat. Through the invitational rooms, we sought to introduce practices that clergy might adopt outside of the retreats.

*“I've learned, the habits I've learned is journaling. I journal now as well as every day now I go to the park and walk and that's my hour. I hated this today because it was rainy. But those moments like that, I've really appreciate taking the time to just enjoy the journey and where God has me. So I'm definitely better.” - Cohort 2 participant*

We also curated meaningful items for participant gift bags to help clergy embody the themes of the retreat after it was over. For example, for the retreat that focused on relief we provided an essential oil infused candle, a tumbler with various teas, and a pen and journal for each participant. We made books available at each retreat that participants could optionally take home, as well. At the closing service of the final retreat, we gave tea bags from dried tea leaves that had been planted from seeds shared at the first retreat, to symbolize the growth and harvest across the year and the accompanying nourishment.

### Handling COVID-19

We had many conversations about how to handle COVID risk. Ultimately, we required that our participants be fully vaccinated. We had to weigh this amidst requests from potential participants who contended that they could not be vaccinated for health reasons. Some of these decisions were difficult, but necessary for the stage of the pandemic that we were in at the time, and considering that these clergy would be returning to communities at higher risk of death from COVID-19. We postponed our first two retreats of 2022 by one-two months (from February 4-6 and February 18-20, to March 4-6 and April 29-May 1) in response to the Omicron variant in order to ensure that participants felt comfortable attending and that we were not contributing to community spread. Other COVID protocols included asking people to test before traveling, and daily temperature checks at retreats. For the first two series of retreats, we remained strict about masking in our scheduled sessions and indoor invitational activities. While there were different preferences around masking and some people got annoyed with our daily temperature checks, most people were more than willing to comply with our policies for the

comfort and safety of all participants and staff. We are not aware of any COVID-19 outbreaks occurring as a result of the retreats.

### Retreat locations

Our goal was to serve BIPOC clergy in NC and SC. We therefore chose locations that spanned the two states and, although across the three-retreat series each participant would have to drive a substantial distance, we hoped that at least one retreat location would be relatively close to them. We chose Central NC (Greensboro), Western NC (Lake Junaluska), and Eastern SC (Myrtle Beach). By hiring Conference Direct to conduct our site search and negotiate prices, we were able to leverage our total number of hotel room nights and receive discounts that allowed us to choose two resort-style venues: The Grandover Hotel in Greensboro and Hilton Myrtle Beach. Participants clearly reveled in coming together in places that indicated high respect for them and signaled an opportunity for rest and indulging in a beautiful space. Lake Junaluska presented a different opportunity, which was to get closer to nature.

*"But the locations that you chose were so peaceful, it was kind of hard to get anxious when you can look out onto the water, or you can look out and see the birds flying, or you're in the mountains and you can smell the water, you can smell that pond. I've been to Lake Junaluska, I don't know, every year since my daughter was five and she's now 22, and I never knew that there was something on the other side of that lake. I knew it was round, but I just never went over there. And that day that we had to take the walk, I was taking pictures and sending them home saying, "Look what I found!" I found something new. And I believe that, in finding something new, you also find something new in yourself." – Cohort 1 participant*

### Venue and participant communication

Planning multi-day events at three different sites required constant communication with the venues and their vendors to ensure a seamless execution of the retreat. It also required frequent and direct communication with our participants. About 75 days out from each of the 9 retreats, we began to contact participants via email to ask them to confirm their attendance. At 60 days out from the retreat, we began phone calls and text messages to participants who did not respond to emails, until we had a firm list of participants to give to the hotel 30 days prior to the retreat. We then continued with weekly emails to confirmed participants to help build their excitement around attending. We realized early on that we would need additional personnel to assist with loading and unloading our supplies, setting up our invitational spaces, on-site check in, and enforcing our COVID protocols. Securing four to five individuals per retreat to assist with this enabled us to provide a warm welcome to participants and a seamless check-in process.

*"I think part of the reason that this program has been, at least in our eyes, so successful as participants, is because the whole team and all of the planning and all of that has been done by people we trust or who, people who referred us, word of mouth trust. And it's not a system we're entering into. It's not another system we have to learn, which is exhausting. It's more personable and it's personal. We know if we had a problem we could call you or Chalice and or someone on the planning team. We email somebody, they'll come back to us and then we know that it's like people planning it. It's not like a program of Duke Divinity School*



*that's just kind of nameless and faceless. And I think that that made a big difference because it helped with us feeling cared about. And I'm saying all this because a lot of it isn't on the data, but I think it's an important factor, is that people felt cared about, people felt like they would be cared about. I think it made a big difference.” – Cohort 3 Participant*

### Facilitated peer groups and the Robust Referral System trainings

While recruitment and retreats occupied the bulk of our time, there were also two other program components to execute: facilitated peer groups and the Robust Referral System trainings. We recruited and trained 17 well-qualified peer group facilitators (see Appendix), making every effort to reflect the racial identity of our participants, especially for the BIPOC cohort. Rev. Donna Coletrane Battle, PhD, trained them prior to the first retreat series and again prior to the second retreat series.

The goal of the Robust Referral System trainings was to provide an easily accessible resource guide to pastors to use when a need in their congregation or community exceeded the limits of their professional training and/or the resources of the congregation. Having this guide limits the need for pastors to spend lots of time on triage for each need, and it empowers other members of the congregation to assist. We worked with Rev. Jessica Stokes at the North Carolina Council of Churches Partners in Health and Wholeness to develop the Robust Referral System training for clergy and lay leaders. We took time at the first retreats to educate clergy about this program and allow them to express interest in participating, and followed up with all who expressed interest via email and phone to invite them to participate in one of the four trainings offered in the summer. At the end of the summer, we made a final push for the Robust Referral System, inviting all program participants to one of the two trainings we offered in the fall. Overall, we trained 76 clergy and lay leaders in the Robust Referral System.

For the Robust Referral System training, we asked clergy to come with two lay leaders to two, 1.5-hour trainings sessions. Part 1 helped leaders access the needs in their particular context and offered suggestions for how to identify local resources and a guide for compiling the resources after the training. Prior to Part 2, lay leaders were asked to do research to fill in their referral list. Part 2 of the training, held approximately 3-4 weeks later, provided an opportunity for leaders to report back on their resource guide, covered how and when to make referrals, and offered a guide to help leaders keep their resource guide up-to-date. Participants engaged in referral-making role plays in Part 2.

Because the trainings were well-received, we created an online version for others who are interested in establishing a Robust Referral System in their congregation. This online version consists of two videos, a supplemental training video, two worksheets, and a training guide to help congregations establish their own Robust Referral System. The Clergy Health Initiative will make it accessible on their website in a resources section.

## Retreats

The retreats were the heart and soul of the program. Each retreat featured a speaker that offered a theological framing of the retreat theme, a plenary talk (or presentation), and a sermon for the closing worship service. For the first retreats in the series, focused on relief, we invited institutional leaders who could offer clergy “permission” to rest—to pause their work and their service to others and take some time for themselves. Bishop Vashti McKenzie was the speaker for the Black pastor cohorts and Dr. Edgardo Colón-Emeric spoke to the BIPOC pastor cohort. With the second series of retreats focused on recovery, that is the practical work of healing, we sought out speakers with training in theology and mental health. Dr. Melinda Contreras-Byrd led the BIPOC clergy cohort, and Dr. Byron Benton led the Black clergy cohort. The final retreat series highlighted resilience by looking at how to maintain overall well-being through the ebbs and flows of life and ministry. Dr. Micah McCreary and Rev. Gail Song Bantum were our speakers for the Black and BIPOC clergy cohorts, respectively.

*“I was blessed, because I had a wonderful leadership team that I walked into, that was a good thing, very supportive. But then they also got tired. So we were all stressed, we were all tired, and trying to figure out new ways of doing things. And this retreat, in the beginning, was a refreshing awareness of how much I did, how much I took on, how much I was doing. And to the point where I realized that I was doing more than I'd ever done before, and I was trying to do it all at one time. So I needed that break, I needed that realignment, like my counselor would say. I needed to reassess what I was doing, where I was doing it, and how I was doing it, and figure out what was more important, what I was doing or my wellbeing. And I chose my mental health.” - Cohort 1 Participant*

*“I am definitely better because at one point in my journey I had to actually seek help in dealing with my mental state as a resting. Allowing my mind to rest at night because I was at a point of just staying, my mind is running and I'm up all night. So by being in this group and listening to my colleagues, it helped me better to be in a different place now. I don't have to rely on medicine and go to sleep at night anymore. I can just rest my mind and relax.” - Cohort 3 Participant*

*“One thing I learned was, for me, is to have that balance and live in the moment. Because sometimes as pastors, we plan a whole calendar year of events and we trying to plan all of these programs, which is good. We have to plan, but sometimes we forget to live in the moment. So this program taught me how to just live in the moment, to live every day and just enjoy every day. And this year, we always have church things, but this year I started my personal thing, and my thing is for me. I just want to be happy. That's just to be happy, and to me, happiness is everything.” -Cohort 2 Participant*

## Speakers



*Bishop Vashti McKenzie, AME Church (Retired)*



*Dr. Edgardo Colón-Emeric, Dean, Duke Divinity School*



*Dr. Melinda Contreras-Byrd, Director, Presidential Scholars Program, New Brunswick Theological Seminary*



*Dr. Byron Benton, Pastor, Mount Moriah Missionary Baptist Church*



*Dr. Micah McCreary, President, New Brunswick Theological Seminary*



*Reverend Gail Song Bantum, Pastor, Quest Church –Seattle*

## Activities and Invitational Offerings

The retreats were lightly scheduled so that they would feel like true retreats instead of working retreats. We expected participants to attend the three main sessions featuring the retreat speaker as well as their peer support groups. For the rest of the weekend, participants had the opportunity to curate their own experience from a range of invitational activities we offered. The aim was to offer activities that aligned with the theme of each retreat, were generally restorative, and helped build community. At each retreat, we set up invitational rooms that participants could access at any time and offered scheduled activities.

### First Series of Retreats: Relief

#### Invitational Rooms:

- Art Room
- Prayer & Meditation Room
- Tea Room

#### Activities:

- Restful yoga
- Chair massage
- Jazz vespers
- Bingo night

*"And the environments were beautiful. We experienced the mountains, we experienced suburbia. And now, we will experience the ocean, and just beautiful. And I love art. So, I was thrilled to see people in the art room really just relaxing and being creative. And that was just really fulfilling. And it was just very fulfilling overall. The bingo was fun. You all even threw in some fun time. So, that was caring for the whole person. So, that, I very, very much appreciated. It wasn't just sessions where you're learning, but we worshiped. We had fellowship, and it was just beautiful. So, thank you for that holistic experience." - Cohort 2 participant*

### Second Series of Retreats: Recovery

#### Invitational Rooms:

- Art Room
- Game Room

#### Activities:

- Sunrise prayer walk
- Yoga
- Meditative lake walk
- Restorative practices session
- Passes for outdoor recreational activities: kayaking, stand up paddle boarding, volleyball, tennis, miniature golf, swimming
- Team scavenger hunt
- Trivia night

### Third Series of Retreats: Resilience

#### Invitational Rooms:

- Art Room
- Game Room
- Prayer & Meditation Room

#### Activities:

- Chair massage
- Masquerade ball
- Professional portraits

Participants relished the opportunity to relax and relieve stress through massage therapy. This activity was so popular that, while we skipped it for the second series of retreats, we brought it back for the third series. At Lake Junaluska we tried to harness the healing properties of nature and offered guided meditation/prayer walks around the lake, which proved to be quite popular. Feedback from the first series of retreats indicated that participants wanted more opportunities to get to know each other. We responded with interactive team-oriented games for the second series of retreats (i.e., a lively, competitive scavenger hunt with prizes). Our final series of retreats featured a masquerade ball which garnered the strongest positive response of all the invitational activities. One pastor testified in the closing worship service, "I hadn't danced in twenty years, but last night, I was liberated through dancing." Other participants expressed gratitude for the opportunity to "let loose."

Over and over our participants said that they appreciated that the retreats were not overscheduled or, as one participant put it, "I liked that I was not tired when I got home." Here are some other comments participants shared about the retreats:

*The sessions were so well-planned and thought out, from the music, cultural sensitivity, to the message and worship.*

*Every time we come there is more--more intention, more spirit!*

*I've not experienced anything like this in the church and I don't think it would have happened unless someone noticed [that we were wounded]. Thank you to whoever noticed.*

*When I first came, I felt like my wings were broken. I came here and they started spreading, and now I can fly!*

## Extended retreat content

We were able to bring 65 clergy to the Myrtle Beach retreats one day early, to engage in focused well-being content and practices with an expert for half a day and enjoy the facilities. For the first retreat, the clergy well-being expert was Dr. Donna Coletrane Battle, a Duke Divinity School alumna with a PhD in Marriage and Family Therapy; 19 clergy attended. For her “Finding Your Rhythm” workshop, she provided a theological framework for the practice of resilience, integrating practical forms of spiritual formation, meditation, and embodied prayer. For the second retreat, the clergy well-being expert was Rev. Brodwynn Roberts, and Duke Divinity School alumna and doctoral candidate in Strategic Leadership with a concentration in Ecclesial Leadership at Regent University; 26 clergy attended. Content covered included self-assessments and how personality relates to ministry. For the final retreat, we chose well-being experts of Native American and Latino descent. They were Rev. Breana van Velzen, Duke Chapel’s community minister who is a Duke Divinity alumna and has a master’s in social work, and Rev. Tirzah Villegas, artist and Regional Coordinator for Witness for Peace Southeast. Their workshop, which 20 clergy attended, was entitled, “Building Resilience Through Community Circles and Resurgence Through Alter Prayers.”

## Evaluation and Findings

The *To Heal the Wounded Soul* project intentionally emphasized service and was light on evaluation, per the wishes of The Duke Endowment to respond to clergy needs that arose from the COVID-19 pandemic and to offer a gift and relief to clergy as soon as possible. Accordingly, our survey study design does not include a control group. It is a pre-intervention, post-intervention single-group design, and so findings must be interpreted with caution. In particular, it is possible that something other than the project’s components caused the outcome. We therefore conducted focus groups in spring 2023, shortly before the final retreats, to hear participants’ qualitative perspectives on whether *To Heal the Wounded Soul* helped them and if so, which components were helpful and in what ways.

## Survey design, analysis, and findings

The *To Heal the Wounded Soul* intervention sought to improve the overall emotional wellbeing of BIPOC clergy and its design was informed by a team knowledgeable about positive mental health and flourishing, as well as a team concerned about depressive and anxiety symptoms among clergy. We measured these constructs and several other wellbeing constructs, such as burnout. Participants completed surveys prior to their first retreat (with allowance for some to complete the survey right after the retreat); most participants completed the survey prior to the spring 2022 retreat, but a few participants recruited after the first retreat completed it prior to the fall 2022 retreat. We then asked participants to complete the same items again prior to the spring 2023 retreat (with allowance for some to complete the survey right after the retreat). In other words, most pre-intervention surveys occurred prior to any retreat, and most post-intervention surveys occurred after two retreats and right before the final retreat. We did not compensate participants for taking the survey.

We analyzed the wellbeing measures using longitudinal regression models (specifically, fixed effects Ordinary Least Squares models for the continuous outcomes; modified random effects Poisson models

for the binary outcomes), looking to see if the post-intervention survey score was significantly different from the pre-intervention survey score.

The pre-intervention survey response rate was 262 participants out of a possible 272 eligible for inclusion in the research (96.3%). The post-intervention survey response rate was 212 participants out of 272 (77.9%).

As shown in tables in the Appendix, 48.1% of participants were female, 27.9% were single, 40.3% were serving in a rural area, 52.3% indicated experiencing a financial situation that is moderately to very stressful, and they had a mean age of 53.4 years. 88.1% of participants indicated that African American or Black was the racial category that best described them. The remaining 11.9% were 9 participants who indicated Asian American ethnicity, 9 who indicated Latinx, 3 who indicated Native American or Indigenous, and 11 who indicated multiple ethnicities. Of those who indicated multiple ethnicities, 2 indicated Indigenous, for a total of 5 participants identifying as Indigenous. All 5 of them were from the Lumbee Tribe.

Participants had served in paid ministry work for an average of 14.0 years. Although 74.9% indicated that their ministry appointment was full-time, 45.7% identified as bi-vocational, suggesting that many participants worked more than full-time across positions. Nearly 15% endorsed being appointed to multiple congregations. The denominational affiliations of the 269 survey respondents were: AME Zion Church, 82; United Methodist Church, 81; AME Church, 49; CME Church, 7; Baptist, 28; non-denominational, 14; Presbyterian, 3; Pentecostal, 3; and Other, 2.

To present our findings, we looked for changes from pre- to post-intervention, noting which were statistically significant and which had shown at least a 10 percent change. Many of the wellbeing measures evidenced small-to-medium changes that are not only statistically significantly but quite possibly represent a meaningful change. Others evidenced statistically significant improvements that may be too small to be meaningfully experienced by participants on average, and a few measures showed no significant difference from pre- to post-intervention. We have organized the findings into these three categories below and provide the numerical values and significance test results. Overall, the findings suggest a positive trend in wellbeing that may have been due to the To Heal the Wounded Soul project. Because of our study design, we cannot rule out that the changes are due to other improvements in life, such as changes following the most severe times of the COVID-19 pandemic.

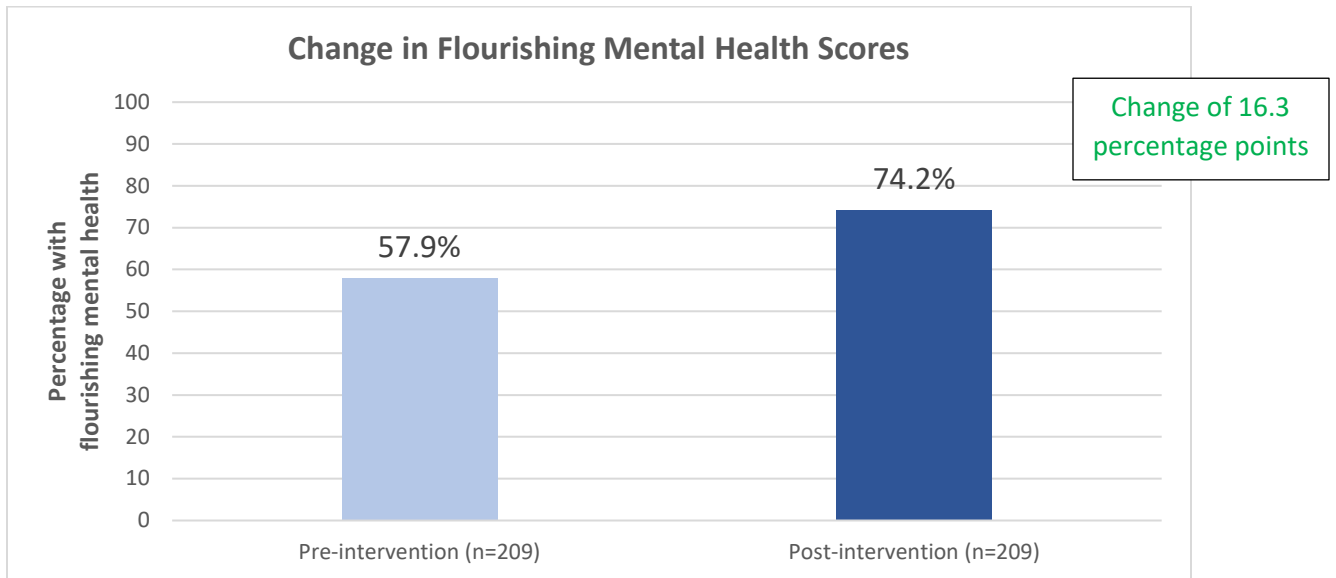
**1. Wellbeing measures that are not only statistically significant but may also represent a meaningful change, based on greater than a 10 percent change:**

- Increased percentage of participants with scores qualifying for flourishing mental health
- Depression-related measures:
  - Decreased depressive symptom scores
  - Decreased percentage of participants with scores qualifying for elevated depressive symptoms
  - Lower scores of perceived difficulty doing one's work due to depressive symptoms
- Anxiety-related measures:
  - Decreased anxiety symptom scores
  - Decreased percentage of participants with scores qualifying for elevated anxiety symptoms
- Burnout-related measures:



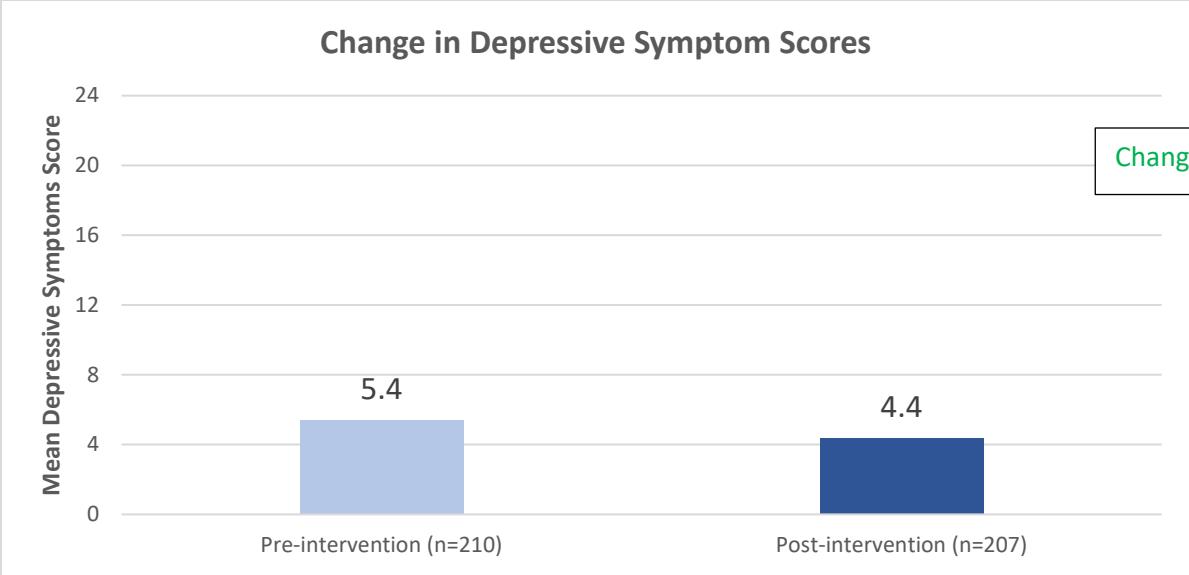
- Decreased emotional exhaustion scores
- Decreased depersonalization/cynicism scores
- Increased energy as a pastor scores
- Increased relationship with the majority of your congregants scores
- Decreased amount of time spent relaxing scores (counter-intuitive direction)
- Decreased occupational distress (clergy-specific stress) scores

The numerical findings are reported below in either graph or verbal form.

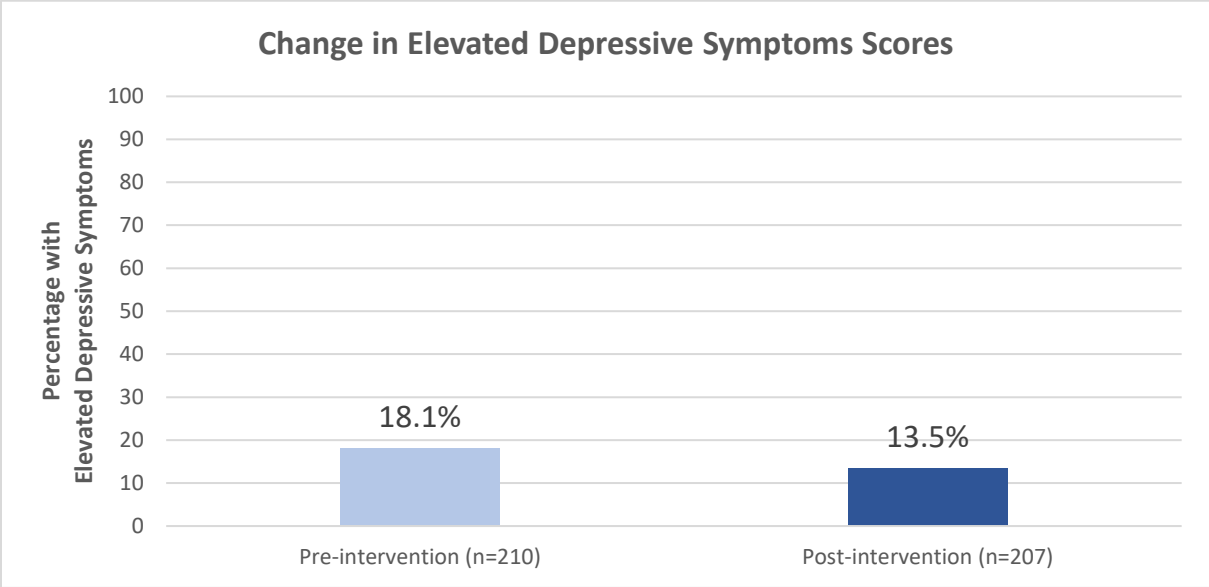


Note: Percentage of participants qualifying for flourishing mental health using the Mental Health Continuum-Short Form (pre-post change,  $p < 0.001$ )

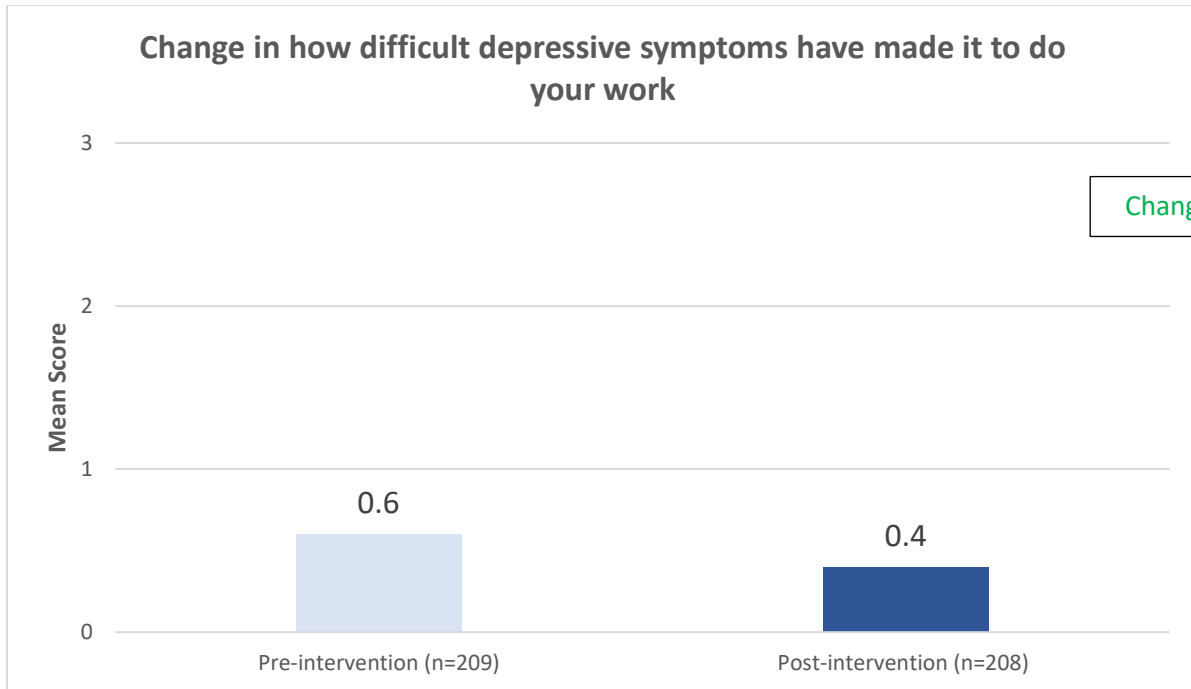
Example survey items: Emotional well-being: *“During the past month, how often did you feel satisfied with life?”*; Social well-being: *“During the past month, how often did you feel that you had something important to contribute to society?”*; Psychological well-being: *“During the past month, how often did you feel that you had experiences that challenged you to grow and become a better person?”* (Keyes & Simoes, 2012).



Note: Mean of depressive symptoms using the Patient Health Questionnaire-8 on a scale 0-24 (pre-post change,  $p < 0.001$ )

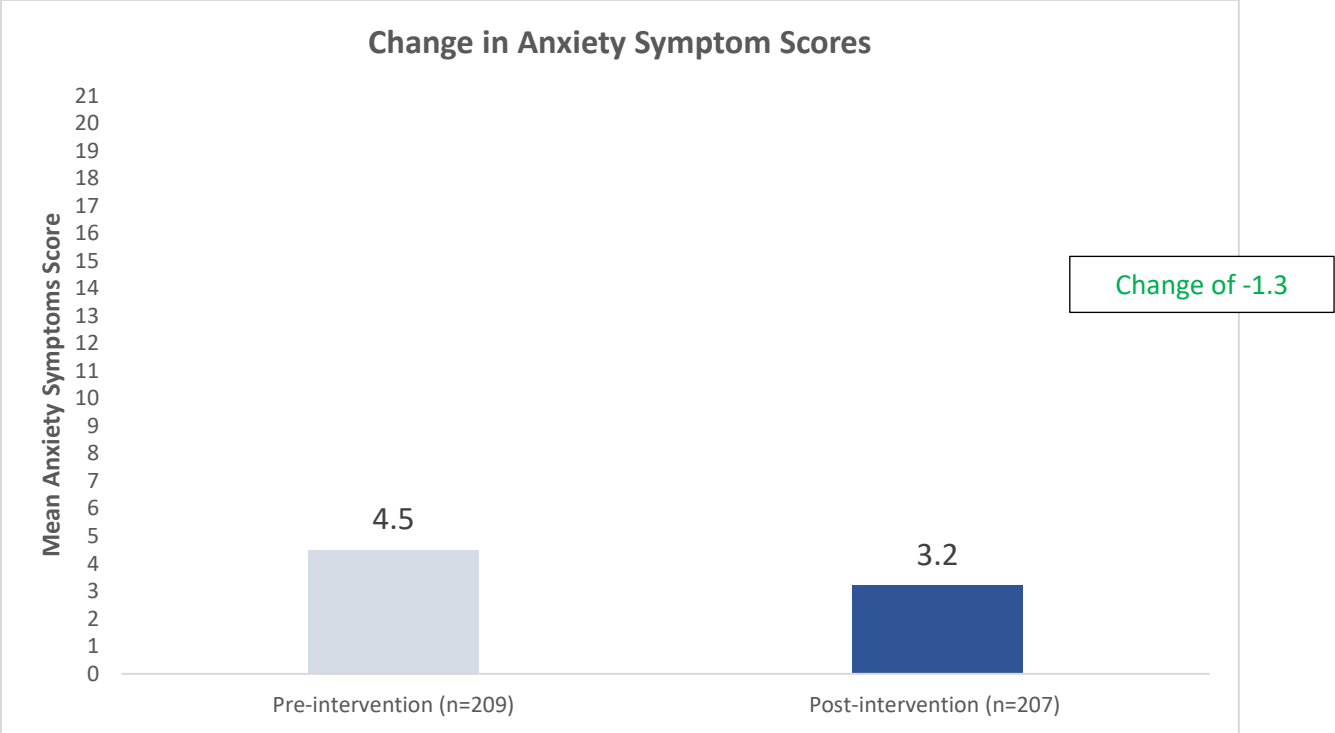


Note: The change in the percentage of participants qualifying for elevated symptoms using scores of 10 and higher on the Patient Health Questionnaire-8 fell slightly short of being statistically significant ( $p = 0.08$ ).

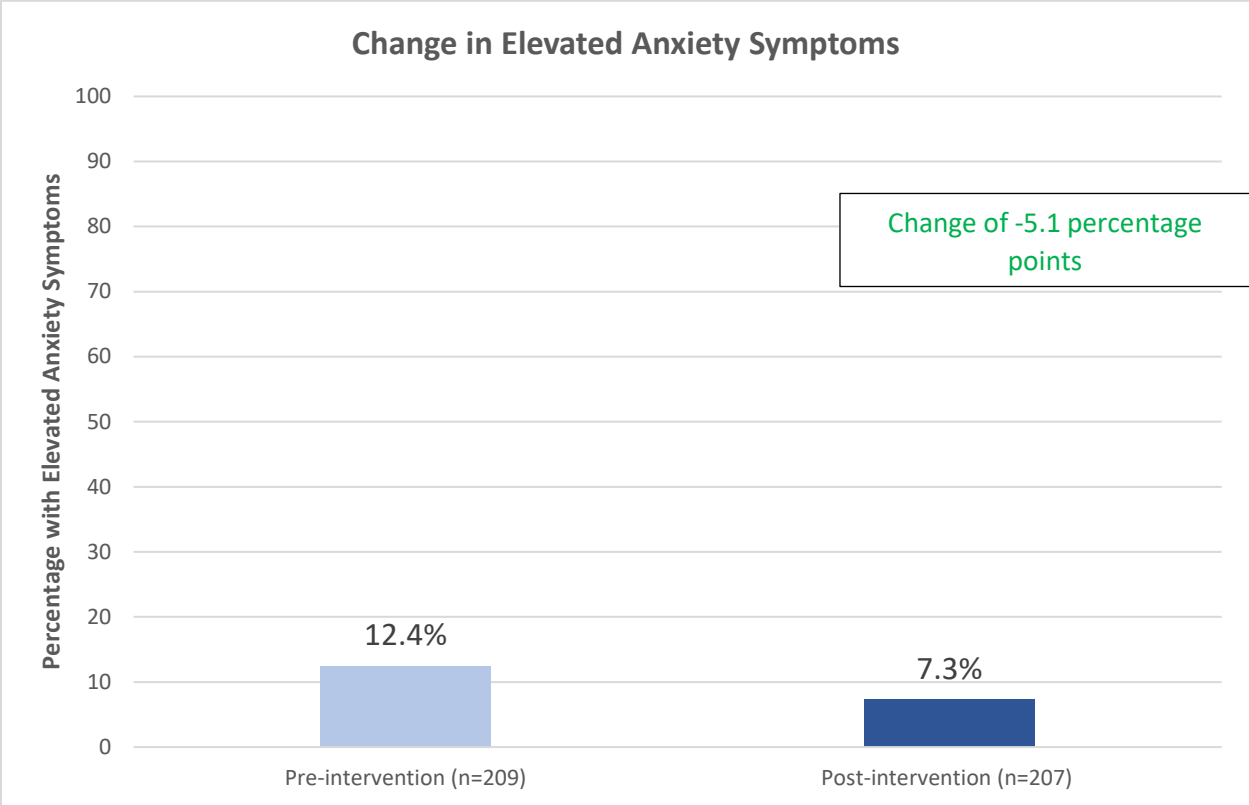


Note: Mean scores answering the single item, “How difficult have these problems made it for you to do your work?”, where the problems refer to the depressive symptom items from the Patient Health Questionnaire-8. Responses were on a scale of 0-3 (pre-post change,  $p < 0.001$ ).

Example of statement/item: On a scale of: Not at all, Several days, More than half the days or Nearly Every day. Over the last 2 weeks, how often have you been bothered by the following problems? 1. Little interest or pleasure in doing things. 2. Trouble falling or staying asleep, or sleeping too much. (Kroenke et al., 2009).



Note: Mean of anxiety symptoms measured using the Generalized Anxiety Disorder-7 on a 0-21 scale (pre-post change,  $p < 0.001$ )



Note: Percentage of participants with elevated anxiety symptoms using scores of 10 and above on the Generalized Anxiety Disorder-7 measure (pre-post change,  $p < 0.05$ )

Example of statement/item: On a scale of: Not at all, Several days, More than half the days or Nearly Every day. Over the last 2 weeks, how often have you been bothered by the following problems? 1. Feeling nervous, anxious or on edge. 2. Trouble relaxing. (Plummer et al., 2016).

These findings that are not graphed below are small but represent at least a 10 percent change:

- Emotional exhaustion, a component of burnout as measured by 9 items from the Maslach Burnout Inventory, decreased by 2.0 points on a scale of 0-54 (Pre-intervention: mean 16.1, n=209; Post-intervention: mean 14.1, n=208; p<.001).
- Depersonalization, a component of burnout as measured by 5 items from the Maslach Burnout Inventory, decreased by .6 on a scale of 0-30 (Pre-intervention: mean 3.5, n=210; Post-intervention: mean 2.9, n=208; p<.05).
- Your energy as a pastor, increased by 0.8 on a scale of 0-10 (Pre-intervention: mean 6.6, n=196; Post-intervention: mean 7.4, n=198; p<.001).
- Your relationship with the majority of your congregants increased by 0.7 on a scale of 0-10 (Pre-intervention: mean 7.4, n=202; Post-intervention: mean 8.1, n=200; p<.001).
- The amount of time you spent relaxing decreased by 0.7 on a scale of 0-10 (Pre-intervention: mean 6.1, n=201; Post-intervention: mean 5.4, n=204; p<.01). Note, post-intervention participants spent **less** time relaxing. We had thought the retreats might encourage them to spend more time relaxing, but perhaps they felt more energized following the retreats or the pace of life following COVID-19 increased, or something else entirely accounts for spending less time relaxing.
- Stress, as measured by the five-item Clergy Occupational Distress Index, improved by 0.2 on a scale of 0-3 (Pre-intervention: mean 1.3, n=190; Post-intervention: mean 1.1, n=195; p<.01).

## **2. Wellbeing measures that are small and statistically significant, but may not be meaningful for participants:**

Your relationship with your most supportive congregants increased by 0.4 on a scale of 0-10 (Pre-intervention: mean 8.5, n=197; Post-intervention: mean 8.9, n=199; p<.001).

Your relationship with your spouse, partner, or significant other increased by 0.3 on a scale of 0-10 (Pre-intervention: mean 8.1, n=134; Post-intervention: mean 8.4, n=132; p<.05).

Church ministry life satisfaction increased by 0.1 using a measure of 14 items on a scale of 0-3 (Pre-intervention: mean 2.2, n=208; Post-intervention: mean 2.3, n=209; p<.001).

Current morale as a pastor increased by 0.19 on a scale of 0-3 (Pre-intervention: mean 2.16, n=210; Post-intervention: mean 2.35, n=208; p<.01).

### 3. Wellbeing measures with no significant difference pre- to post-intervention:

- The amount of physical activity you got
- Your relationship with your child or children
- Thoughts of leaving ministry in the past 6 months
- Burnout: personal accomplishment subscale

#### Focus group design, analysis, and findings

We held a 90-minute focus group for each cohort in January through March 2023. The focus groups had a total of 40 participants (10, 15, and 15 for Cohorts 1, 2, and 3, respectively), whom we recruited via email. The focus groups were facilitated by Tamaro Howze and a second team member (either Chalice Overy or Nicole Beckwith) was present to take notes and ask follow-up questions. The focus groups were conducted several months after the second retreat but before the third retreat. They were conducted over Zoom, audiorecorded, and transcribed. One team member (Alexa Namestnik) examined the answers to each question individually, looking across the three transcripts, and summarized the responses. The responses were read by the facilitator and notetakers and amended as needed, with reference to the transcript. This summary was then reviewed by the facilitator and note takers for accuracy.

At the start of the focus groups, we asked participants to reflect on the following question: “Back in early 2022 – before *To Heal the Wounded Soul* - how would you describe how you were personally and pastorally? How were you in ministry back then? You had signed up for *To Heal the Wounded Soul* – how slight or strong was your need for relief?” Across all three focus groups, participants were generally feeling poorly. Participants commonly described feeling overwhelmed, stressed, burned out, and afraid. One participant stated, “*Trying to pastor to a group of people in uncertain times was very... It was overwhelming.*” Another participant explained, “*I'm an assistant pastor, assistant to my husband, but I'm in it just as heavy as he is just about. .... And I really was approaching the point of burnout, I'll just say that. Approaching the point of burnout and things, prior to these sessions. And not even realizing that it was okay for me to say I needed help or I needed rest. You know what I'm saying? I was just trying to go. Just trying to go, and just keep going.*”

We asked participants how much relief they needed at that time (early 2022). Many participants said that they really needed a break at that point in time; some participants even suggested that they had been feeling burnt out prior to the pandemic.

Next, we asked participants if they had learned information or been introduced to habits through *To Heal the Wounded Soul* that helped them move through that season of pastoral life. Participants responded affirmatively and mentioned boundary setting and communication techniques, meditation and self-reflection, taking time to disconnect, making space, and time for self-care. In addition to habits, participants frequently noted the helpfulness of the peer support groups, stating that coming together with like-minded individuals and realizing they aren't alone in their struggles were also particularly helpful. Participants also praised the guest speakers, peer support group facilitators, and the locations and accommodations of the retreats.

We asked participants to think about how they are doing now, personally and pastorally, and specifically better or worse than in early 2022. Across all cohorts, participants stated that they were doing better

now than before *To Heal the Wounded Soul*. Some examples of ways participants were doing better now than before early 2022 included sleeping better, feeling more able to relax, and finding more enjoyment in their work. One participant said, *“Yes, certainly much better now. During COVID, it was like we were wandering in the wilderness. There was so much uncertainty. I think that George Floyd was just something that just really impacted everybody in an amazing way. Just To Heal the Wounded Soul was a bridge to move us out of COVID into a new way of life and a new way of doing ministry, and I gleaned so much. But I just keep going back to those two things, the not looking at worship as work, but just participating in worship with the people, although we are there to preach and lead, but we’re also called to worship.”*

We then asked participants in an open-ended, not leading way what they think may have accounted for any change in how they are doing. Participants credited the *To Heal the Wounded Soul* program with much of their improvement. Specifically, they indicated that the program offered them reprieve and that they were able to take a much-needed break. Participants also felt that their state of wellbeing improved because of the opportunities to connect with like-minded individuals through *To Heal the Wounded Soul*. One participant explained, *“The gatherings were inspirational, were reviving, were comforting, as I said earlier, just good to be able to talk with like-minded and interested people. But make sure you put in your notes, Tamario, that I still need some more help. So, who’s ever writing the grants? Tell them we need some more retreats. Don’t leave us here on the side of the road. See us through, see us through.”*

Another participant elaborated on how the program helped them pastorally, *“I think any time the leader is better, is refreshed, that makes it better, it makes the congregation better, because we come renewed and I would say even revived actually. And so, we have that energy that it takes to grow the congregation and help them to heal, too. Because I think when we’re so burdened with what’s going on with us, we can’t really be as sensitive to the congregation as we need to be.... when we’re better, we’re able to be more sensitive and able to bring healing to our congregation. So yeah, definitely this program helped me.”*

We then asked participants what they liked most about *To Heal the Wounded Soul*. Some participants mentioned specific activities like bingo, the massages and painting, and generally, participants seemed very pleased with the array of activities and opportunities that *To Heal the Wounded Soul* offered at the retreats. Participants liked the pace and style of the retreats; a few participants noted that other programs they have engaged in have felt like school or were too jam-packed with activities, but *To Heal the Wounded Soul* was different from those past experiences in a good way. Again, many participants praised the opportunities to connect with other pastors. Participants also enjoyed the sermons and praise and worship opportunities. One participant said, *“Another thing I love was I didn’t have to prepare anything, like a sermon, anything. In church, you have to prepare, get ready, programming, coordinate. But thank goodness for Reverend Tamario, you did it all for us. So the only thing we have to be is there, right?”*

Most notably, the peer support groups resonated with participants. One participant stated, *“For me, I think the most profound help was not necessarily what you did programmatically, but to be able to address my anxieties, concerns, fears, et cetera, with like-minded people. To be able to gather with a group of people who became my friends, and have these discussions. For me, I think that was the most profound part.”* Another said, *“Well, I felt like I was out in the middle of the ocean in a boat by myself,*



*because everybody had their own thing in their own individual place, so you didn't necessarily want to complain to anybody. You didn't necessarily want to say, "This is really what's going on." You didn't want to express your struggle. And we all were going through the struggle, but we didn't want to tell the other person we were really going through the struggle. So being able to come into this, as [fellow participant name] said, this safe place [the peer support group] ...it was wonderful."*

Another participant explained, *"The peer groups gave us an awesome opportunity to just vent. I don't know about nobody else, but as a pastor, I can't talk to anybody because of the confidential level with my members and with what's going on. You just can't. You shouldn't, I'll put it that way, talk to people too much. You have to have someone you can bounce things off of. And to be able to be in the peer group, and to be able to open up, and to share as much as you want to share, and feel pretty good about the fact that it's not going anywhere. And that many of the people in your peer group, they understood because they were going through some of the same things, and maybe even worse than what you were dealing with. So you were like, "Wow, I'm doing pretty good on my side of the struggle." But at the same time, it just was a blessing that we went somewhere where we actually had time to ourselves to reflect, to meditate, to put our minds on something else other than ministry."*

We also asked participants if there were any specific aspects of the program that they would like to see again at the final retreat. Participants asked for many of the components mentioned above to be included in the final retreat. Across focus groups, one piece of advice participants gave was that they would like for there to be some variation in peer support groups so that they could get to know more individuals.

A few other noteworthy points came up in response to various questions. Participants seemed to greatly appreciate that they were able to bring guests (e.g., spouses/significant others and children) with them to the retreat and the overall style and structure of *To Heal the Wounded Soul* retreats.

*"I love that the retreats have had so many elements of fun and we could bring our families. I think that meant a lot to me and I think to several others that I've talked to, is being able to bring someone with you, because a lot of our work is so alone and disconnected from ... Not disconnected from our personal lives so much, but disconnected from, people in our lives who love us don't get to be part of our ministry, and so they got to be part of that." – Cohort 3 Participant*

Participants enjoyed the locations and accommodations, feeling respected and pampered at the resorts. They also greatly valued the massages and invitational activities and the extent to which their expenses for attendance were covered.

*"There are a lot of pastors and ministers that don't even get a salary, and they didn't have to worry about anything. Maybe a little extra gas, depending on how far they traveled. But to even have that thought of? When we know we go to conferences and we had to come out of pocket, before we even get there, we coming out of pocket. And to be able to go and do this, and it wasn't play-play stuff, it was [inaudible 01:03:02], I was full, I had a good time, I like to eat. So, we enjoyed being able to not have to think about anything." – Cohort 1 Participant*

Lastly, we asked participants what they could imagine being helpful for them to move into a place of resilience. Most asked for resources, including a list of therapists, specifically those with spiritual/religious backgrounds, and grant sessions where pastors can learn about grants available to them and how to apply. In general, participants wanted concrete guidance and continued education on how to take things they learned through *To Heal the Wounded Soul* and apply them in their everyday lives. Participants asked for a way to stay connected with their peer support groups. (Of note, at the final retreat, we provided ways to continue their peer support.) Many also felt the need for continued relief and wanted *To Heal the Wounded Soul* retreats to continue.

Overall, the focus group data provided a strong signal that the participants needed relief, that it was a pleasant and meaningful surprise to be invited to a free program of relief, restoration, and resilience for BIPOC clergy, and that participants perceived their wellbeing to be improved approximately a year after starting the program. The data indicate that participants attributed their improvement to *To Heal the Wounded Soul*, with a special emphasis on the perceived benefits of the peer support groups and also noting the space apart for rest.

## Lessons Learned

Venues. We learned a lot from this experience. With 60-100 pastors attending each retreat, a traditional retreat center could not accommodate such a high number with single occupancy rooms, which we thought would be optimal for a restful, low stress experience. For assisting in the search and negotiation for hotel venues, we contracted with Conference Direct, whose expertise and leverage of better prices proved valuable for us.

Recruitment. When it came to recruitment of participants, multiple, varied communication through the UMC clergy newsletters and UMC Racial Equity and Justice Ministry director in each conference was helpful for recruiting Black clergy. During recruitment we learned that there were very few Asian, Asian-American, Latinx, and Native American clergy from which to recruit UMC clergy from North and South Carolina. Nevertheless, we bolstered our recruitment efforts by translating materials into Spanish and initiating one-to-one outreach with help from the Racial Equity and Justice Ministries, the Hispanic House of Studies at Duke Divinity School, and our Advisory Council. Then we reached out beyond the UMC, which produced some participants, but also proved difficult because we simply did not have strong relationships with other denominations like Episcopalians, Presbyterians, and Baptists. Ultimately, this meant that the BIPOC cohort was made up of predominantly Black clergy, with 28 clergy who were Latinx, Asian American, Native American, or multiple ethnicities who did not identify as Black. Again, with the help of our Advisory Council we worked hard to make sure that the retreats did not center people of one ethnicity. We made sure to reflect the diversity of our participants in worship, in the selection of our speakers and peer group facilitators, and in our invitational activities.

Including spouses and children. Our collaborators in the UMC and on our Advisory Council told us that they found success in retreat participation for Latinx clergy when their families were included. Initially, we had not intended to offer the opportunity for spouses or children to join clergy at the retreat, and we were also concerned about community COVID-19 levels during the first retreat. However, by the first retreat for Cohort 2, we opened the retreat to spouses as several clergy had asked if a spouse could accompany them. For the BIPOC cohort we pondered offering the opportunity for participants to have their families join them. There was much discussion about whether it was equitable to offer this option to the BIPOC cohort if we had not offered it to other cohorts, whether we should provide programming for spouses and/or children, and if the budget could afford to feed the guests that would attend. Ultimately, we offered the BIPOC clergy cohort for all three retreats in their series the opportunity to bring up to three guests. For the second and third retreat series, we also offered this option to the two Black pastor cohorts. While we did invite vaccinated guests to eat at meals at no cost, we did not provide programming for guests. However, we pointed to the hotel amenities and encouraged them to take advantage of them. At Lake Junaluska, we made activities passes available to guests at no charge. Ultimately, 168 guests attended a retreat (not necessarily unique individuals).

Working with the AME and AME Zion denominations. We were able to recruit in the Black Wesleyan denominations through the relationships of our co-directors, who are clergy in the AME and AME Zion denominations respectively. Their relationships with Bishops, Presiding Elders, and clergy helped tremendously. For some districts, we had success going through the Bishop's offices, and in other cases it proved more effective to have the Presiding Elders, who were a bit more accessible, pass the information along to the pastors in their districts. Our co-directors also did a lot of one-to-one outreach, contacting their colleagues directly and asking them to share the opportunity with others. This helped

with one challenge that we ran into, which is that some pastors were skeptical, believing the *To Heal the Wounded Soul* retreats may be a scam because they seemed too good to be true.

Working with minority-owned small businesses. For our invitational activities, we needed to contract with many different vendors, from yoga instructors and personal trainers, to massage therapists and artists, and we had a short amount of time to identify these people and get them paid. We used minority small businesses almost exclusively. Duke's system for approving and paying vendors requires a lot of paperwork and pays out no fewer than 30 days after services are rendered, which proved a barrier for securing our vendors. As a result, we subcontracted with the North Carolina Council of Churches, who simply required a W-9 of vendors and allowed us to request checks before service so that we could pay vendors on site at the time of service. This helpful solution involved an accounting fee to go to the Council, but was well worth it.

Considerations when clergy carry out a program with research components. Our co-directors were well-equipped to recruit clergy, plan, and execute retreats, but they were not trained researchers. We needed more lead time to train them on research protocols to ensure compliance at every level of the program and assist them in developing procedures. Even though *To Heal the Wounded Soul* was intentionally light on research, we still needed Institutional Review Board (IRB) approval and then had to comply with privacy protocols, despite the collegiality and group feel we were fostering. The consent form promised certain activities and COVID-19 precautions, which then tied our hands when we wanted to offer different activities or loosen COVID-19 restrictions as the pandemic changed. In addition, the co-directors were not experienced in tracking systems, for example tracking survey completion and tracking participation in the multiple project components, such that it would have been ideal to have had additional staff or time for training.

Retreat progression. Having a series of three retreats allowed for a more meaningful experience and the deepening of relationships. We tailored invitational experiences to allow for increasing vulnerability among participants. For example, the masquerade dance ball held at the third retreat would have flopped at the first retreat; by the third overnight experience with peer support groups and shared worship experiences, clergy were ready to dance together and be fully authentic.

Additional lead time. We learned that *To Heal the Wounded Soul* would be funded in late August 2021 and funding began October 1, 2021. We then sped toward holding our first retreat, planned for February 4, 2022, but ultimately delayed by four weeks due to the COVID-19 Omicron variant outbreak. We had thought our staffing plan would allow for this speedy ramp up but in truth, we easily needed double the amount of time to identify and sign accommodations contracts, initiate relationships with denomination officials unfamiliar with us, to develop retreat protocols, to conduct a mock retreat, and to anticipate and work out details such as photograph approvals and clergy arriving without registering. In order to be inclusive of clergy of multiple ethnicities, including multiple Native American or Indigenous tribes, we needed extra time to build relationships and present to tribal councils. Despite the lack of lead time, we were able to secure dynamic thought leaders (speakers) due to Dr. Goatley's pre-existing relationships with them. For any future retreat-based projects, we recommend additional staffing and an onramp of at least nine months, with additional time still when working with tribal councils.

## Hopes for the Future

Wesleyan clergy outside of the UMC in particular relished this opportunity. The vast majority of clergy in the AME, AME Zion and CME Churches are bi-vocational, which leaves less room in their lives for rest and reflection. Additionally, economic disparities related to racial inequality across four centuries in the United States result in majority and historically Black Christian communions having fewer resources to invest in clergy health and wellbeing. For them, *To Heal the Wounded Soul* was an unusual opportunity.

*"The church tells you, you need self-care but they never tell you how to do self-care. ... This taught me that it was okay to take a nap as an adult. I could go and do nap time. I could tune out. In other words, "I'm going for a long drive, I will see you all in about two hours." I'll take an hour up to nowhere, and an hour back from nowhere. And in that whole time it's just me, the hum of the road, no phone, no iPad. I don't care if the member's calling, they can put on fire emojis, I'm not answering the phone. ... So I had to learn discipline. I knew boundaries, but I let the boundaries lax. So I had to learn that there is a discipline to holding people to your boundaries, because they're not going to let you cross theirs, but they'll be quick to cross yours. So I had to learn that, you know what? I need my personal space and my personal time, because if I have my personal space and my personal time, then I'll be more effective, and I'll have a peace of mind. And I need a peace of mind to be able to deal with some of these people, these church folk. They wonderful people, praise the Lord, you got to love on them while you trying to love on yourself. And it helps to enrich your relationship with God. Because if you take time to meditate on God, then God will help you through the rough patches where you may not be able to stop, and you may get to that area of burnout. Because I've experienced where I can hear God telling me, "Okay, now you're getting too close to the edge, I'm going to need you to take time." And it's a wonderful thing to hear it, and actually listen, and execute what you're being told. So yeah, that's my little smile smirk, that's why. Because I've learned a lot." -Cohort 1 Participant*

At the final series of retreats, one consistent piece of feedback was the desire to continue the program in some fashion: "We have to do this again!", they said, and "We have to keep this going!" Our hope is their hope—that we might keep strengthening clergy as they lead and serve their communities.

The following quotes on feedback forms from participants in the final retreat series illustrate this point and give us food for thought:

*The gatherings were inspirational, reviving, comforting, but I still need some more help. Don't leave us here on the side of the road! See us through! See us through!*

*Some of us are asking the question: 'Who am I now? What kind of pastor am I now?' Do phase 2 so we can figure out who are we now and what do we do with it.*

## Appendices

### Peer Group Facilitators

1. AW Shields
2. Darrel Owens
3. Quincy Scott, Jr.
4. Indhira Udofia
5. Regina Graham
6. Melanie Melton
7. Clarence Laney
8. Shaquisha (Kiki) Barnes
9. Latonya Agard
10. Jeffrey Simms
11. Gloria Aghogah
12. Kadeisha Bonsu
13. Gun Ho Lee
14. Cheryl Toothe
15. Julio Ramirez-Eve
16. Linda Vanhook
17. Tirzah Villegas

## Advisory Council Members

<b>Committee Members</b>	<b>North Carolina</b>	<b>South Carolina</b>
AME Zion	<b>Rev. Brodwynn Roberts</b> Ordained Clergy Eastern NC Episcopal District	<b>Rev. Dr. Victor C. Wilson</b> Trinity AME Zion Church South Atlantic Episcopal District Palmetto Conference
AME	<b>Rev. Conrad Pridgen</b> Presiding Elder, Western NC Conference	<b>Rev. Samuel Green Jr.</b>
CME	<b>Rev. Dr. Cathy Jones</b> Parkwood CME Church, Charlotte	
UMC, Black pastor	<b>Rev. Lisa Yebuah</b> Southeast Raleigh Table, NC Conference	<b>Rev. Mary Johnson</b> <b>Retired Elder (Columbia District)</b>
UMC, Asian American pastor	<b>Rev. Sangwoo Kim</b> Co-Director of Asian House of Studies and Director of Methodist House of Studies  <b>Rev. In-Yong Lee</b> Pastor of WNCC UMC	
UMC, Latinx pastor	<b>Rev. Ernesto Barriguete</b> Director of Racial Equity & Justice Ministries, NC Conference	<b>Rev. Enrique Gordon</b> UMC Orangeburg District New Light UMC
UMC, Indigenous pastor	<b>Rev. Terry Hunt</b> Pastor, NC Conference	<b>Rev. Cheryl Toothe</b> Native American Missioner SC Conference

## To Heal the Wounded Soul baseline demographics

	Participated in either pre-survey or post-survey (N = 59)	Participated in both surveys (N = 210)	All participants (N = 269)
<b>Gender (f1a)</b>			
Male	38 (70.4%)	98 (46.7%)	136 (51.5%)
Female	16 (29.6%)	111 (52.9%)	127 (48.1%)
Gender non-conforming	0 (0.0%)	1 (0.5%)	1 (0.4%)
.	5 (.%)	0 (.%)	5 (.%)
<b>Which of the following racial categories best describes you? (f3)</b>			
African American or Black (1)	46 (78.0%)	191 (91.0%)	237 (88.1%)
Asian-American/Pacific Islander or Asian (2)	3 (5.1%)	6 (2.9%)	9 (3.3%)
American Indian or Alaskan Native or Indigenous (3)	1 (1.7%)	2 (1.0%)	3 (1.1%)
Latinx (4)	3 (5.1%)	6 (2.9%)	9 (3.3%)
Multiple or other (6)	6 (10.2%)	5 (2.4%)	11 (4.1%)
<b>How old are you?</b>			
Mean (SD)	46.9 (11.5)	55.1 (11.4)	53.4 (11.9)
N (% Missing)	54 (8.5%)	204 (2.9%)	258 (4.1%)
<b>Marital status (f22)</b>			
Single	20 (33.9%)	55 (26.2%)	75 (27.9%)
Married	36 (61.0%)	137 (65.2%)	173 (64.3%)
Separated and other	3 (5.1%)	18 (8.6%)	21 (7.8%)
<b>Do you have children (of any age) living at home?</b>			
No	21 (35.6%)	125 (59.5%)	146 (54.3%)
Yes	38 (64.4%)	85 (40.5%)	123 (45.7%)
<b>How stressful is your current personal financial situation for you?</b>			
Not at all stressful	9 (15.3%)	50 (23.9%)	59 (22.0%)
Slightly stressful	15 (25.4%)	54 (25.8%)	69 (25.7%)
Moderately stressful	18 (30.5%)	76 (36.4%)	94 (35.1%)
Very stressful	11 (18.6%)	23 (11.0%)	34 (12.7%)
Extremely stressful	6 (10.2%)	6 (2.9%)	12 (4.5%)
.	0 (.%)	1 (.%)	1 (.%)
<b>What setting best describes your current appointment?</b>			
Rural or open country	20 (34.5%)	88 (41.9%)	108 (40.3%)
Town or village of less than 10,000 people	7 (12.1%)	30 (14.3%)	37 (13.8%)
In or around city of: 10,000- 49,000	10 (17.2%)	35 (16.7%)	45 (16.8%)
In or around city of: 50,000-249,000	12 (20.7%)	29 (13.8%)	41 (15.3%)
In or around city of: 250,000 or more	9 (15.5%)	28 (13.3%)	37 (13.8%)
.	1 (.%)	0 (.%)	1 (.%)



## Baseline occupational characteristics across the denominations

	Participated in either pre-survey or post-survey (N = 59)	Participated in both surveys (N = 210)	All participants (N = 269)
<b>What is your denominational affiliation? -</b>			
<b>Selected Choice</b>			
AME Church	12 (20.3%)	37 (17.6%)	49 (18.2%)
AME Zion Church	13 (22.0%)	69 (32.9%)	82 (30.5%)
CME Church	1 (1.7%)	6 (2.9%)	7 (2.6%)
UM Church	21 (35.6%)	60 (28.6%)	81 (30.1%)
Other (specify)	12 (20.3%)	38 (18.1%)	50 (18.6%)
<b>Are you appointed to a pastoral charge, or to another kind of ministry, such as</b>			
Pastoral charge appointment	52 (89.7%)	181 (86.2%)	233 (86.9%)
Extension or other kind of ministry appointment	6 (10.3%)	29 (13.8%)	35 (13.1%)
.	1 (.%)	0 (.%)	1 (.%)
<b>Are you appointed to more than one congregation (that is, to two or more congregations)?</b>			
No	48 (81.4%)	181 (86.2%)	229 (85.1%)
Yes	11 (18.6%)	29 (13.8%)	40 (14.9%)
<b>For what amount of time is your current appointment?</b>			
¼ time	0 (0.0%)	7 (3.3%)	7 (2.6%)
½ time	5 (8.8%)	39 (18.6%)	44 (16.5%)
¾ time	4 (7.0%)	12 (5.7%)	16 (6.0%)
Full time	48 (84.2%)	152 (72.4%)	200 (74.9%)
.	2 (.%)	0 (.%)	2 (.%)
<b>Do you consider yourself to be bi- vocational?</b>			
No	33 (55.9%)	113 (53.8%)	146 (54.3%)
Yes	26 (44.1%)	97 (46.2%)	123 (45.7%)
<b>How many years have you been in ministry full or part-time for which you were pa</b>			
Mean (SD)	12.2 (8.2)	14.5 (10.8)	14.0 (10.4)
N (% Missing)	52 (11.9%)	204 (2.9%)	256 (4.8%)

## Tables by Cohort

Clergy who attended retreats:

Denomination District/Conference	Cohort 1 Black and African American Clergy			Cohort 2 Black and African American Clergy			Cohort 3 BIPOC Clergy			Total Unique Attendees
	Retreat 1	Retreat 2	Retreat 3	Retreat 1	Retreat 2	Retreat 3	Retreat 1	Retreat 2	Retreat 3	
<b>UMC</b>	<b>18</b>	<b>16</b>	<b>16</b>	<b>31</b>	<b>22</b>	<b>25</b>	<b>22</b>	<b>14</b>	<b>21</b>	<b>82</b>
North Carolina UMC	6	3	4	7	3	6	11	6	10	26
Western North Carolina UMC	3	2	3	9	8	9	4	3	4	19
South Carolina UMC	9	11	9	15	11	10	6	4	5	35
Other	0	0	0	0	0	0	1	1	2	2
<b>AME Zion</b>	<b>30</b>	<b>26</b>	<b>25</b>	<b>30</b>	<b>34</b>	<b>33</b>	<b>5</b>	<b>5</b>	<b>7</b>	<b>82</b>
Eastern North Carolina Episcopal District	24	21	18	18	22	22	3	1	4	57
Piedmont Episcopal District	5	4	6	8	8	7	1	2	1	18
South Atlantic Episcopal District	1	1	1	4	4	4	1	2	2	7
<b>AME</b>	<b>13</b>	<b>8</b>	<b>11</b>	<b>27</b>	<b>19</b>	<b>22</b>	<b>5</b>	<b>1</b>	<b>5</b>	<b>49</b>
Second Episcopal District	5	4	3	14	7	11	3	0	2	23
Seventh Episcopal District	8	4	8	13	12	11	2	1	3	26
<b>CME</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>8</b>
Seventh Episcopal District	1	3	3	3	1	2	2	0	1	8
<b>Other</b>	<b>1</b>	<b>12</b>	<b>7</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>30</b>	<b>19</b>	<b>24</b>	<b>52</b>
Baptist	0	4	1	2	2	2	21	9	14	28

Presbyterian	0	1	1	1	0	0	1	0	2	3
Catholic	0	0	0	0	0	0	1	1	0	1
Pentecostal	0	0	0	0	0	0	1	3	2	3
Non-denominational	1	5	4	1	2	1	5	6	5	14
Independent	0	1	0	0	0	0	1	0	1	2
Other	0	1	1	0	0	0	0	0	0	1
<b>Total Attendance</b>	<b>63</b>	<b>65</b>	<b>62</b>	<b>95</b>	<b>80</b>	<b>85</b>	<b>64</b>	<b>39</b>	<b>58</b>	<b>273</b>
<b>Total Unique Attendees*</b>	<b>90</b>			<b>115</b>			<b>79</b>			

*\*Adds up to more than overall total because 12 attendees attended retreats for multiple different cohorts*

Race/Ethnicity of Cohort 3 clergy:

Denomination District/Conference	Cohort 3 BIPOC Clergy (attended at least one retreat) <i>*May add up to more than total attendees if multiple choices endorsed</i>						Total Unique Attendees
	African American or Black	Asian- American /Pacific Islander or Asian	American Indian or Alaskan Native or Indigenous	Latinx	White	Other	
<b>UMC</b>	<b>8</b>	<b>6</b>	<b>4</b>	<b>9</b>	<b>0</b>	<b>1</b>	<b>26</b>
North Carolina UMC	2	3	2	6	0	1	13
Western North Carolina UMC	2	2	1	0	0	0	5
South Carolina UMC	4	1	1	1	0	0	6
Other	0	0	0	2	0	0	2
<b>AME Zion</b>	<b>7</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>7</b>
Eastern North Carolina Episcopal District	3	0	0	0	0	0	3
Piedmont Episcopal District	2	0	1	0	1	0	2
South Atlantic Episcopal District	2	0	0	0	0	0	2
<b>AME</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>
Second Episcopal District	2	0	0	0	0	0	2
Seventh Episcopal District	2	0	0	0	0	0	2
<b>CME</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
Seventh Episcopal District	2	0	0	0	0	0	2
<b>Other</b>	<b>27</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>33</b>
Baptist	19	2	1	0	1	0	21
Presbyterian	1	0	0	0	0	1	1
Catholic	0	1	0	0	0	0	1
Pentecostal	2	0	0	1	0	0	3
Non-denominational	4	1	0	1	0	0	6
Independent	1	0	0	0	0	0	1
<b>Total*</b>	<b>48</b>	<b>10</b>	<b>6</b>	<b>11</b>	<b>1</b>	<b>2</b>	<b>79</b>