FIT TO SERVE: MAKING SEMINARIES MODELS OF HEALTH AND WHOLENESS

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Dedication

This project is dedicated to Dr. Abigail Rian Evans, an early pioneer in the health ministry movement, whom I admire greatly and who has influenced my career path significantly, and to Linda Hagan (1941-2016), my mother and influential "social eco-justice" role model . . . "for the possibilities are endless."

ABSTRACT

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Given the current health crisis in the United States (in which the Church plays a part), this project identifies the main health issues impacting the masters-level degree students at Columbia Theological Seminary (Decatur, Georgia), while providing valuable insight into what the students believe the Church's role is in formulating effective theological and practical approaches to these various health issues. This project was conducted through an anonymous, online questionnaire and in-depth interviews with self-selected students. It concludes by offering five suggestions for what the author believes would have the greatest impact on improving the health and wellbeing of those who work and study in theological institutions so as to improve not only the health of future seminarians, but also as a way of improving the health of our current clergy, congregations, and beyond.

ARTICLE-LENGTH SUMMARY OF

FIT TO SERVE: MAKING SEMINARIES MODELS OF HEALTH AND WHOLENESS

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"When I entered seminary I was in the best shape of my life and when I left seminary I was in the worst shape of my life." A recent Columbia Theological Seminary (CTS) graduate, now serving as a pastor in a parish setting, shared these words with me in the spring of 2015. When I asked if this recent graduate would be willing to share with me why this happened, the person stated without hesitation (showing that there had already been a fair amount of reflection on this issue),

> I attribute it to three reasons: 1) The food choices that were available at CTS were unhealthy . . . everything from the food being served in the Refectory to what was being offered at official and unofficial community gatherings (picnics, study groups, etc.); 2) student life has irregular hours (as opposed to when I had been working a normal job), which I confess I could have done a better job of managing. As a result, I did not make the time to prepare healthy meals, nor did I exercise enough (both of which had been a priority for me prior to coming to seminary); 3) I believe being called to be a pastor is an enormous stressor, more so than other vocations.

This student's experience, unfortunately, is not an isolated incident; it expresses the sentiments of many of the CTS seminary students with whom I have been working since the fall of 2012 while pursuing the Doctor of Ministry (DMin) degree for which my primary focus has been studying issues of health related to seminarians, clergy, and congregations. During this same time period, multiple faculty, staff, and administrators expressed their concerns to me about the number of students on campus that are 1) obese, either upon arriving at CTS for their first semester or after gaining significant weight during the time they are pursuing their degree,

2) inactive, or 3) overwhelmed by stress—all realities that I, too, have observed. Most of the people who have expressed concern about the prevalence of obesity are also deeply concerned about the unhealthy food choices available on campus, which not only impact the health of individuals but the overall health of the seminary community, as well. Many people—students, faculty, and staff—choose to go off-campus to find healthier meals rather than staying on campus and eating in community.

Jesus said, "I came that they may have life, and have it abundantly" (John 10:10b).[1] How can seminarians have abundant life and participate in the abundant lives of those they are going to serve if they are unhealthy? The apostle Paul wrote, "You are not your own, for you were bought with a price. So glorify God in your body" (1 Cor 6:19-20). How well are our seminaries assisting our future pastors to be good stewards of their bodies?

What makes these issues even more challenging is that the most prevalent health issues I have observed among CTS seminarians (high obesity rates and related risk factors, high stress levels, and sedentary lifestyle) are precisely the same health concerns plaguing clergy, which multiple studies have shown is of substantial concern. Yet, not only has there been little research done on the health of seminarians, it also appears that seminaries have done little to address matters of health and wellness from biblical, theological, or practical perspectives. Why are institutions, denominations, and other organizations pouring so many resources, financial and otherwise, into trying to improve the health of clergy, when virtually no effort has gone into addressing the health concerns

[1] Unless otherwise noted, all scriptural references are taken from the New Revised Standard Version of the Bible (New York, NY: Oxford University Press, 1989).

of seminary students? Why wait to address matters of health until after people become pastors? Waiting makes good health much more difficult to achieve than if seminary students are equipped, as part of their theological education, with the tools and resources they need to thrive in the vocations for which they are preparing.

If we want to improve the health of individual seminarians, there must be a much greater emphasis placed on crafting healthy seminary environments. "[Christianity] has the highest theological evaluation of the body among all religions of the world, [yet] it has given little attention to the body's role in the spiritual life in positive terms. High theology; low practice."[2] What would happen if seminaries became places where "high theology and high practice" were both taught and modeled as they relate to our own health and the health of those around us? What impact might seminaries have if they developed cultures that more clearly value healthy eating, physical activity, intentional spiritual formation (on both individual and communal levels), emotional support, and opportunities to tend and be nourished by God's creation? Giving students the chance to learn about health as it relates to their faith and calling will not only help them to be healthier as individuals and, therefore, more effective pastors, but might also enrich the health of those they serve. The potential end result is that the Church could positively

[2] Ryan Thomas, ed. *Reclaiming the Body in Christian Spirituality* (New York, NY/Mahwah, NJ: Paulist Press, 2004), xi.

impact the health and wellbeing of hundreds of thousands of people across our nation.[3] Given that our society is currently facing multiple health crises, I cannot think of a better time than now for us, as the Church, to respond!

In addition to being ordained for over ten years (serving several churches in different capacities) as a pastor in the Presbyterian Church (USA) (PCUSA), I bring to this project over thirteen years of experience in the health and fitness industry, working with people of various ages and physical abilities and in a variety of different settings, including a commercial health club and a physical therapy clinic, as well as with individuals in their homes. This project allows me to bring together my greatest passions—improving the health and wellbeing of others for the betterment of society in the service of God!

Given the current health crisis in the United States, in which the Church is thoroughly enmeshed, it is imperative to equip the PCUSA's theological institutions to become more faithful and sound models of health and wholeness for students, congregations, and the larger community. In so doing, the Church could thus be poised to operate at a high degree of relevance vis-à-vis one of the great societal challenges of our era.

The primary goal of this project is to identify the personal health issues impacting the Master of Divinity (MDiv) students attending CTS, and learn from them what they

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[3] Studies have shown that churchgoers overall have higher rates of obesity, cholesterol, and blood pressure levels than non-churchgoers. Two examples: 1) Matthew Feinstein, Kiang Liu, Hongyan Ning, George Fitchett, and Donald M. Lloyd-Jones "Coronary Artery Risk Development in Young Adults (CARDIA)," *Preventive Medicine* 54, no. 2 (February 2012):117-212.This Northwestern University study examined incident obesity and cardiovascular risk factors between young adulthood and middle age by religious involvement: and 2) Krista M Cline, and Kenneth F. Ferraro, "Does Religion Increase the Prevalence and Incidence of Obesity in Adulthood?" *Journal for the Scientific Study of Religion* 45 (2006): 269-281. Therefore, the Church could significantly contribute to improving the state of people's health here in the United States.

believe to be the Church's role in formulating effective theological and practical approaches to these various health issues. I used two primary research instruments to collect data pertinent to this topic: 1) an anonymous online questionnaire (e-mailed to the current CTS MDiv students) and 2) in-depth interviews I conducted with seventeen students. Both the surveys and interviews took place in the summer and fall of 2015.

One of the limitations of this project is that the questions asked on both the survey and during the interviews are fairly broad. Further, I conducted the survey and the interviews at only one seminary. I see this project, however, as a pilot program, a first step toward future research. Another limitation of this project is that fifteen of the seventeen students interviewed were self-selected volunteers, which could create a bias toward students who are concerned about matters of health as they relate both to them personally and to their theological education.

Despite the limitations of this study, I hope this project will not only help uncover some of the main health issues impacting CTS students, but will also serve as a basis for discerning creative ways to move members of this seminary community toward greater wholeness in their own lives and in the world around them. I am also hopeful that the work done in this research will provide the foundation for future projects involving other PCUSA seminaries, as well as non-PCUSA seminaries and divinity schools.

In the pages to follow, I provide 1) an overview of the main health issues currently affecting clergy (since there are not enough studies done specifically about seminarian health to use as a comparison) and a short assessment of the health of Seventh-Day Adventists (SDA) versus other Protestant denominations, 2) a brief summary of CTS' past health history and current demographics, 3) an explanation of my

research methodology and summary of my key findings, and 4) some suggestions and strategies for how seminaries can become models of health and wholeness.

Part I: Primary Health Concerns among Clergy

I have found only one study that provides health statistics for seminarians. The study was based on an online survey completed in 2013 by first-year students at three United Methodist Church (UMC) seminaries: Claremont, Drew, and Duke. Since it is only one study, done only with first-year seminary students, and the response rate was quite small relative to the hundreds of studies that have been done with clergy, I believe that examining the health issues that are impacting clergy is a more accurate approach. That said, the study done on seminarians did show that they are, for the most part, facing the same health issues that are plaguing clergy.[4] Current studies identify the following health issues as being of particular concern among clergy: increasing obesity rates, cardiovascular disease (and its related diseases), and poor mental health.

Obesity Rates

Many attempts have been made to address rapidly increasing obesity rates (the "obesity epidemic") in the United States; however, the number of people who are or will become obese is continuing to rise. What makes the obesity epidemic even more

[4] Versta Research, "2013 Annual Seminary Student Health Survey," accessed October 23, 2015, http://www.gbophb.org/center-for-health/clergy-health-studies/.

disconcerting is that obesity-related conditions, which include heart disease, stroke, type 2 diabetes, and certain cancers, are among the leading causes of preventable death.[5] Additionally, the estimated annual medical cost of obesity in the United States was $147 billion (USD) in 2008, and the average medical costs for people who are obese were $1,429 higher than for those of normal weight.[6]

Looking at the obesity epidemic as it relates to clergy, one study of UMC pastors in North Carolina found that 40% of the pastors were obese.[7] Another study that examined clergy from other parts of the country found that 41% of pastors participating in their study were obese.[8] These are just two of the multiple studies that show the percentage of clergy who are obese is far greater than the national estimate of obesity in the general population (33%).[9]

These obesity rates should be of particular concern to CTS because the Centers for Disease Control and Prevention (CDC) summary lists the South, where CTS is located, as having the highest rates of obesity in the nation. Furthermore, according to the same summary, the non-Hispanic black population has the highest obesity rate (almost 20% of the seminary students at CTS identify as being black). Thus, one may project that

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[5] Centers for Disease Control and Prevention, "Adult Obesity Facts," accessed August 7, 2015, http://www.cdc.gov/obesity/data/adult.html.

[6] Centers for Disease Control and Prevention.

[7] Rae Jean Proeschold-Bell and Sara LeGrand, "Physical Health Functioning Among United Methodist Clergy," Journal of Religion and Health. (published online Jul 8 2010)

[8] M. Bopp, et al., "Clergy Perceptions of Denominational, Doctrine and Seminary School Support for Health and Wellness in Churches," *International Journal of Social Science Studies* 2, no. 1 (January 2014): 189-199.

[9] Katherin M. Flegel, Margaret D. Carroll, Cynthia L. Ogden, et al. "Prevalence and Trends in Obesity Among US Adults, 1999-2008," JAMA (published online Jan 13 2010).

CTS may have higher rates of obesity than seminaries located in other parts of the country and/or those seminaries that have fewer black students enrolled. Although there are some variances among racial, ethnic, and geographical locations, the obesity epidemic rate is negatively impacting a large percentage of the overall population in the United States, in particular clergy.

Cardiovascular Disease

Another major health concern in the United States is heart disease, and "compared with other occupations, clergy have among the highest cause-specific mortality rates for cardiovascular disease."[10] The reason for this appears to be directly linked to the lifestyle habits of many clergy, which include having high-stress jobs, being physically inactive, and having poor dietary habits, which in turn are directly linked to clergy's higher rates of diabetes, higher cholesterol rates,[11] and lower fruit and vegetable consumption than the general United States population.[12] These findings regarding heart disease are especially pertinent to CTS because the CDC observed that, between 2008 and 2010, the death rates due to heart disease were highest in the South. Since many of the students at CTS are originally from the South, it would be interesting to find out how many of them already have symptoms of heart disease (high blood pressure, cholesterol, etc.) as compared to students who come from other regions of the country.

Mental Health Issues

[10] M. Bopp, et al., "Leading Their Flocks to Health? Clergy Health and the Role of Clergy in Faith-Based Health Promotion Interventions," *Family Community Health* 36, no. 3 (2013):183.

[11] In 2011, the National Center for Health Statistics found that clergy cholesterol levels were almost twice the national estimate of 15%.

[12] M. Bopp et al., 184.

Research over the last several decades has found that the demands of the pastoral vocation generate a significant amount of stress and burn out. According to a study done by the Clergy Health Initiative at Duke Divinity School, "pastors often must serve simultaneously in numerous roles such as mentor, caregiver, preacher, leader, figurehead, disturbance handler, negotiator, administrator, manager, counselor, social worker, spiritual director, teacher, and leader in the local community" and that

> performing multiple roles can lead to various forms of role strain, since it requires clergy to assume the responsibilities of—and face the stresses inherent to—each type of work. [Plus, there are times when] roles may conflict, as when a pastor must be both a friend and counselor. This can lead to stress and emotional exhaustion as clergy struggle to resolve the resulting ambiguities and strain.[13]

In addition to pastors serving multiple roles, pastors also face a number of other work-related stressors, including unpredictable work schedules with non-traditional hours, low financial compensation, lack of privacy for themselves and/or their families, pressures associated with frequent relocation, inadequate social support, criticism from church members and others, and long work hours.[14]

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[13] Clergy Health Initiative, "Overcoming the Challenges of Pastoral Work? Peer Support Groups and Mental Distress Among United Methodist Church Clergy," accessed August 5, 2015, https://divinity.duke.edu/sites/divinity.duke.edu/files/documents/chi/OvercomingtheChallengesOfPastoralWorkpreprint-webversion.pdf.

[14] M. Bopp, et al., 182-192; M. L. Morris and P. W. Blanton, "The Influence of Work-Related Stressors on Clergy Husbands and Their Wives, "*Family Relations* 43, no. 2 (April 1994): 189-195; W. N. Grosch and D. C. Olsen, "Clergy Burnout: An Integrative Approach," *Journal of Clinical Psychology* 56, 5 (May 2000): 619-632. National data from the Pulpit & Pew survey indicate that clergy work longer than the typical forty-hour work week; the median number of hours worked per week for clergy is reported to be forty-eight, regardless of denomination or full-/part-time status.

High levels of stress and burnout are associated with higher rates of depression. Frenk and colleagues,[15] who used a Clergy Occupational Distress Index, found that clergy who reported more occupational distress experienced more depressive symptoms.[16] Another study done with 358 parish-based clergy revealed that burnout was associated with depressive symptoms and clergy dissatisfaction with their spiritual life.[17] According to the Clergy Health Initiative study previously mentioned, the rate of depression among clergy was 8.7%, which was significantly higher than the 5.5% rate found in the national sample.[18]

While there is much more that could be said about stress and burnout and their relationship to depression, one encouraging note bears mention—the parish-based study previously mentioned discovered that participation in healthy lifestyle behaviors, such as regular exercise, was protective against the onset of burnout. The challenge for those involved in health promotion, however, is getting clergy to move more since, as previously mentioned, studies have shown that the rate of physical *inactivity* among clergy is higher than in the general United States population.[19] In other words, one thing

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[15] S. M. Frenk, et al., "The Clergy Occupational Distress Index (CODI): Back-Ground and Findings from Two Samples of Clergy," *Journal of Religious Health.* [published online ahead of print March 16, 2011, *Doi:* 10.1007/s10943-011-9486-4.

[16] M. Bopp M, et al.

[17] B. R. Doolittle, "The Impact of Behaviors Upon Burnout Among Parish-Based Clergy," *Journal of Religious Health* 49, no. 1 (March 2010): 88-95.

[18] Clergy Health Initiative, "Overcoming the Challenges of Pastoral Work? Peer Support Groups and Mental Distress Among United Methodist Church Clergy," accessed August 5, 2015, https://divinity.duke.edu/sites/divinity.duke.edu/files/documents/chi/OvercomingtheChallengesOfPastoralWorkpreprint-webversion.pdf.

[19] B. L. Webb, M. Bopp, and E. A. Fallon, "Correlates of Faith Leader Physical Activity Behavior," *Medical Science Sports Exercise* 43, no. 5 (2011/suppl): 633.

clergy can do to reduce the impact of stress and burnout is precisely what they are not doing—becoming physically active.

Stress and mental health are significant factors for students at Columbia Theological Seminary (CTS). Prior to beginning my formal research, many CTS students had verbally expressed to me the high, and sometimes overwhelming, levels of stress they were facing. Further, a significant number of students said they were also struggling with anxiety, depression, and other mental health issues. One of my goals for this project, therefore, is to gather data on stress levels and mental health concerns among students so that these concerns can be addressed in an appropriate and effective manner by the CTS administration and their partnering organizations.

Health of Seventh-day Adventists Clergy Versus Other Protestant Clergy

Since research has shown that the majority of SDAs are healthier than the general United States population and that they are by far the healthiest Protestant denomination, I wondered about the health of SDA clergy. [20] Are they practicing what they are preaching? How does their health compare to that of other clergy and the United States population as a whole? What about SDA seminarians? How do they compare to other seminarians? Unfortunately, I was unable to find any research that had been done on SDA clergy or seminarians in the United States, and when I contacted the SDA's North American Division of Health Ministries, they responded, "We do not have any studies done on our

[20] Seventh-day Adventists are healthier than the general public because one of the basic tenets of Adventism is to take care of one's health in order to serve God. Based on what the research shows, many SDAs are adhering to their stated beliefs.

ministerial group as of now, but it's in the works."[21] Therefore, these questions remain unanswered.

Outside of the United States, I discovered a study done in Germany in 2010, which evaluated the differences in mental and physical health, work-related behavior and experience patterns, and the spiritual resources of SDA pastors compared to theology students at Friedensau Adventist University. As part of the study, they did do some comparisons between clergy and seminarians versus norm samples.[22] In the introduction to the study, the researchers wrote that "little is known about the health, well-being, and spirituality of theology students.[23] Thus, the lack of research as it relates to seminary students appears not to be unique to the United States.

The study found that, "compared to norm samples, the physical health scores of theology students and pastors were significantly higher, whereas the mental health scores were significantly lower."[24] Although this is only one study, it appears that, at least in Germany, SDA clergy are physically healthier than the general population, which would then be consistent with SDA versus the general population in the United States. As for mental health, it appears that German SDA clergy are challenged by mental health issues similar to those that plague United States-based clergy.

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[21] Quoted from an e-mail written by the assistant to the SDAs North American Division Health Ministries Director to the author of this study, September 1, 2015.

[22] Clergy were compared to men working in other vocations. Theology students were compared to young adults ages twenty-one to thirty, since the majority of the theology students fell within that age range.

[23] E. Voltmer, C. Thomas, and C. Spahn, "Psychosocial Health and Spirituality of Theology Students and Pastors of the German Seventh-Day Adventist Church," *Review of Religious Research* 51, no. 4 (2010): 290.

[24] Ibid.

Overall, the study reported that "the results emphasize the need to teach theology students health promotion and effective coping strategies while at university, and also to integrate these issues in the professional training of pastors."[25] I, too, believe that this is the key to having healthy clergy: making sure that they have the proper tools and resources they need prior to being called to their first church or place of ministry.

Part II: Past Health History and Current Demographics

When I looked at CTS specifically in relation to matters of health, I found that participating in recreation and/or play was something that had been enjoyed and valued by many of the students, faculty, and several of the seminary presidents, particularly in the seminary's early years. For example, in his book *As I Remember It: Columbia Theological Seminary 1932-1971,* Dr. J. McDowell Richards (CTS president for thirty-nine years) notes that "games were frequently played [with faculty and the president himself]. Faculty members also played tennis with the students and Dr. Cartledge, who was a first-rate golfer, led a student contingent occasionally to one of the nearby golf courses."[26]

Unfortunately, "workaholism" also appears to be a part of CTS' medical history, threatening the health of the seminary community then and now. For example, Dr. Richards wrote that CTS President Gillespie (1925-1930) started out his presidency in

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[25] Ibid.

[26] J. McDowell Richards, *As I Remember It: Columbia Theological Seminary 1932-1971* (Decatur, GA: Columbia Theological Seminary,1985), 18-19

what appeared to be a healthy state, but during his tenure "overtaxed his strength by the heavy load which he had carried for three years with practically no vacation . . . and died unexpectedly [several years later]."[27] As for other indicators of health—what people ate, levels of stress, amount of sleep—I was unable to find answers in Columbia's historical records because these types of questions were not asked in years past; in fact, they are only starting to be asked now!

Current Demographics of CTS

Columbia Theological Seminary in 2015-2016 had 298 students officially enrolled: 114 in the DMin program, 112 in the MDiv and MDiv/Dual degree programs, thirty-one in the Doctor of Theology (ThD) and Doctor of Educational Ministry (DEdMin) degree programs, and forty-one in the two-year Master of Arts in Theology (MATS) program. Sixty-six percent of the MDiv/Dual degree students identified themselves as PCUSA Presbyterians, followed by 5.3% indicating nondenominational, 4.4% African Methodist Episcopal Church, 2.7% Baptist, 2.7% Korean Presbyterian, and 2.7% United Methodist Church. Fifty-one percent of the MDiv/Dual degree students identified their race/ethnicity as White/Anglo, 18.5% African American, 12.5% non-resident alien, 9.1% Asian, and 4.4% Hispanic/Multi-Racial/Pacific. The student body was 50.9% female and 49.1% were male. As for the geographical distribution of students, 85% of the MDiv/Dual students came from the southeastern United States, 7% came from elsewhere in the United States, and 8% came from other countries.

[27] Ibid.,19-20.

Part III: Research Methodology and Summary of Key Findings

In order to conduct the research for this project, I created an anonymous online questionnaire for willing CTS seminarians to complete, the content of which was modeled after the PCUSA's Congregational Health Ministry Survey.[28] My goal was to conduct one-on-one interviews with twelve to fifteen CTS students. When designing the interviews, one of my objectives was for the interview to last between thirty and forty-five minutes; I also decided that I wanted some of the questions I asked in the interview to mirror questions I was asking in the survey. One reason for this was because I was curious to see if there would be a difference in the health status between the students who filled out the anonymous survey versus the students who chose to speak with me in person. I was anticipating that the students being interviewed would probably enjoy greater health than those who filled out the anonymous survey. The other reason for mirroring the questions was simply pragmatic. In the event I could not get enough students to fill out my survey, I would have enough data gathered through the interviews to be able to produce a report, albeit of lesser quality.

The other questions included in the survey were formulated based on the knowledge I had gained through doing fitness and nutritional consultations with seminarians at CTS over the previous three years, from my experience of working in the

[28] Presbyterian Church (USA), "Congregational Health Ministry Survey," accessed June 1, 2014, http://www.pcusa.org/health/usa/survey.htm. Note: since I was working with a seminary community instead of a congregational setting and the purpose of my survey was slightly different from the one designed by the PCUSA, I made a significant number of modifications, including a greater emphasis on the individual respondents, an assessment of his/her interest in environmental health, and a larger concentration on health from both practical and theological perspectives (as opposed to the original survey's more faith-based perspective).

health and wellness industry for over thirteen years, and my desire to ask some of the questions that had not been covered in previous research.

Summary of Key Findings

Survey Results

Between July and September 2015, I collected forty-five surveys, of which thirty-six (80%) were complete.[29] My initial goal was to have only M.Div./Dual degree students participate in my survey and interviewing process. However, when I realized that my initial requests had produced fewer participants than I had hoped, I opened up the survey process to all Master's-level students. Therefore, my survey data includes information from surveys submitted by thirty-five MDiv/Dual degree students, five Master of Arts in Practical Theology (MAPT) students, three MATS students, and one person who was auditing a class. This means that I had a 31% response rate from the MDiv/Dual degree cohort and 29% from all Master's-level students at CTS.[30]

In general, the survey results showed that CTS seminarians are facing health challenges similar to those faced by clergy when it comes to obesity rates, blood pressure,

[29] Of the nine that were incomplete, two seminarians answered all but the last two questions, one seminarian filled in answers on two different surveys (however, in both surveys, the person only provided information about personal health), three seminarians answered all of the personal health questions and some of the church/seminary oriented questions, three seminarians answered most of the personal health questions, but omitted all of the church/seminary oriented questions. In addition, three of the incomplete surveys were submitted by students who identified themselves as "East Asian or Asian." Since they did not answer all of the questions, this reduced the amount of data I could have collected for this ethnic demographic.

[30] While I would have liked to have stayed with my initial plan of conducting research only on MDiv/Dual degree students, in the end I was happy to gather as much data as I could on a variety of seminarians, regardless of the degree they are pursuing. In any case, the information I received from the MATS and MAPT students was very similar to the data I received from the MDiv/Dual degree students, with the exception of the one student who was auditing a class, whose differences I will discuss in the section.

cholesterol, and mental health issues. Sixty-two percent of the seminarians reported that they felt “excellent” or “very good,” even though many of them had one or more health issues. Studies on clergy have shown similar results, suggesting a disconnect between actual and perceived levels of health. Ninety percent of the participants reported that they are physically active, but 67% of them said that they have a hard time sticking to an exercise program. Sixty-three percent of the participants are trying to lose weight, with the median desired weight loss being between fifteen and twenty pounds. As for levels of stress and hours of sleep per night, the participants reported moderate levels of stress, with school stress being higher than personal and/or work stress, and on average, the participants get just under seven hours of sleep per night.

When asked about their church experience growing up, 93% of the participants reported that they had regularly attended church. As for whether their churches addressed matters of health from a theological or practical standpoint, 63% of the participants reported that their congregations did not address matters of health from a theological perspective and 79% did not address those issues from a practical perspective. As for whether seminaries should actively address personal health issues as part of students’ theological education, 92% of the participants believe it should be addressed by seminaries. This is a finding to which seminaries should pay serious attention! Furthermore, the majority of the participants either had “a lot of interest” or were at least “somewhat interested” in learning more about and/or actively working toward improving their own health, as well as the health of the world around them (families, congregations, communities, and the environment).

When asked whether they were intending to address matters of health in their vocational calling, 87% participants said that they were planning to do so, with spiritual health being the most popular area of interest. However, the participants were also interested in addressing environmental, physical, and mental/emotional health issues in their planned vocation.

Interview Results

The interviews for this project were also conducted between July and September 2015 and, as mentioned previously, many of the questions asked during the interviews mirrored and expanded on those asked in the survey. There were also some questions asked in the interviews that, due to the sheer amount of data gathered in this project, cannot possibly be reported here. However, some key insights from the interviews are offered.

Almost all of the participants said that their families did not explicitly talk about "health" when they were growing up; rather, they were taught and/or it was modeled for them by their family members—"We didn't talk about eating healthy, we just did it." Furthermore, most reported that food was generally cooked at home (processed items, eating out, fast food, and desserts were a treat, not the norm), and several of the participants mentioned that their families had gardens when they were growing up, which helped them to eat many fresh fruits and vegetables.

As for exercise, the vast majority of the participants said, "We didn't talk about exercise, we would just go outside." Several people did mention participating in organized sports leagues and/or playing on athletic teams, particularly in high school.

However, the primary sentiment was that the participants were encouraged to "play outside" and that exercise and/or being active came as a result of being outside as opposed to its being the objective goal for their time spent outdoors.

Regarding the messages about health the interviewees received from the churches they attended while growing up, most of them said, "Health was not discussed," or "My church said nothing about health"—with the exception of spiritual health and/or occasional mentions of mental health. Even then, those topics did not receive much attention. In several instances, when physical health was mentioned, it was done so negatively: "The church I grew up in was very strict against sports," or "The message I got was that exercise was bad."

As for the participants' current views of their bodies, there were several participants who had positive views: "I love my body" and "I feel good." However, the majority of those interviewed either felt poorly about their bodies ("I am struggling right now," "Not too good,"), were ambiguous about their bodies, due to reasons such as not having thought about it ("How I feel about my body, that's an interesting question. I don't know . . . these days I don't really focus on it"), or because they are currently wrestling with trying to define what it means to be healthy ["On the one hand I want to be a 'healthy me' in the body I currently have (100 lbs. heavier than in high school], but at the same time I also do have a complex about this, some insecurity and struggles").

One hundred percent of those interviewed believe that seminaries should address matters of health from a theological and/or practical perspective. The top three reasons interviewees gave for why seminaries should do this were:

1. the importance of pastors being "good examples,"

2. wanting to be able to "empower people (their congregants), so they (in turn) can better serve (others)," and
3. their strong and widespread conviction that there would be "less pastoral burnout."

As for the types of messages, programs, and classes about health that would be most helpful as part of their seminary experience, the majority of the participants said that there needs to be health-related class(es) and/or requirements integrated into the seminary curriculum because the students want to have these educational opportunities. However, since their course schedules are already full with other requirements, many said that they would not enroll or participate in any additional classes, programs, or events that were not required for graduation, even though they know those would be beneficial.

When it comes to teaching health-specific topics (nutrition, exercise, stress management, etc.), several of the participants pointed out that they would want to be taught by health professionals as opposed to professors, since the topic of health is generally outside the professors' scope of knowledge and expertise. A few of the participants also mentioned that they wished that the professors, administrators, and staff shared more openly about what they are doing to be healthy because they, the participants, want role models, examples, and a community that supports and encourages one another in striving toward health and wholeness. In terms of addressing matters of health in their vocation, the interviewees felt most strongly about:

1. Food/eating: "I . . . want to work on promoting healthier congregational meals."

2. Physical activity: "I really want the church to be a place where exercise in some form is the norm."

3. Mental health: "I want to empower people to get the mental health help they need."

4. Spiritual health: “I want people to learn about spiritual practice and learn to engage them individually or communally.”

Additionally, several of the interviewees specifically wanted to address health matters within the African-American community “because it is critical!”

Overall, I believe the information the participants shared with me via the surveys and interviews is not only invaluable in helping me to understand the individual health concerns of seminarians, but also the role that families and churches play, both positively and negatively, in shaping people’s health.

Part IV: Steps Toward Meaningful Action

The United States is currently facing a major, multi-faceted health crisis. We, the Church, are not immune to it; rather, we are right in the thick of it, as the stories and data from this study have clearly demonstrated. It is imperative that the Church reclaim biblical understandings of (w)holistic health (shalom, abundant life) and use these as a basis for equipping the PCUSA’s theological institutions to affirm and become more faithful models of health and wholeness for students, congregations, and the larger community. Since I have such a large amount of data and limited space in which to articulate my thoughts, I have chosen to divide this last section into the following three sub-sections: 1) disconnects in the attitudes and health of CTS seminarians, 2) the role of churches in seminarian health, and 3) suggestions and strategies for making seminaries models of health and wholeness.

Section 1: Disconnects in the Attitudes and Health of CTS Seminarians

Overall, the three personal health issues that are most negatively impacting CTS students are: 1) obesity (25%), 2) mental health issues (16% anxiety, 11% depression) and 3) cardiovascular health issues (13% high blood pressure, 11% high cholesterol). These health concerns are similar to those observed in the 2013 UMC study. They are also consistent with what other research projects on clergy health have discovered.

Additionally, this study found that participants were generally optimistic when asked, "Overall, how do you feel today?" Sixty-two percent responded that they either felt "excellent" or "very good." However, given that a large percentage of the participants are dealing with one or more health issues, there are clearly disconnects between some of the respondents' actual and perceived health. As noted previously, this gap between actual and perceived health has also been observed among clergy.[31]

Why do we say, "I'm fine," even when, in reality, life might be very difficult? As I noted in the introduction to this project, "[Christianity] has the highest theological evaluation of the body among all religions of the world, [yet] it has given little attention to the body's role in the spiritual life in positive terms. High theology; low practice."[32] Christianity has a high theological view of the body (human beings are made in the image of God, Christ became flesh and dwelt among us, the Church is the "body of Christ," etc.). However, the role of the body in the spiritual life is quite low: we are not taking the time to listen to our bodies, setting times aside for fasting, seeing the interconnectedness of how honoring our bodies and the bodies of others is honoring God, and so forth.

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[31] M. Bopp, et al.

[32] Thomas, xi.

In her book *Honoring the Body: Meditations on a Christians Practice,* Stephanie Paulsell writes, "Christians have inherited an ambiguous legacy about the body. Christianity has long struggled with an uneasiness about the body, even as it affirms the goodness of the body in the bedrock beliefs."[33] I would like to suggest that this inherited apprehension toward one's body also contributes to the observed differences between the seminarians' perceived and actual levels of health. They have a hard time correctly identifying how they feel about their bodies precisely because they do not know how they are *supposed* to feel about their bodies because they have been taught to view their bodies negatively as it is only their souls about which they are supposed to be concerned.

The data on rising obesity rates and associated health problems (high blood pressure, high cholesterol, etc.) is also illustrative of the disconnect. Sixty-seven percent of the participants indicated they are trying to lose weight (median desired weight loss being between fifteen and twenty pounds). However, almost half of the participants indicated they have never tried to follow any sort of nutritional plan when attempting to lose weight—a significant disconnect!

Eighty-four percent of the survey participants indicated that they were currently exercising. Frequency of exercising varied anywhere from once a week to every day. Sixty-seven percent said, however, that they have a hard time maintaining an exercise program due to time constraints and/or other priorities, a lack of accountability, and loss of interest/got bored. Since this survey was filled out either during the summer or at the beginning of the school year, I believe that the number of students who were actively

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[33] Stephanie Paulsell, *Honoring the Body: Meditations on a Christians Practice* (San Francisco, CA: Jossey-Bass; 2002), 5.

engaged in some form of exercise was probably higher than if they had participated in the survey during the middle or toward the end of the semester. However, I also believe that this high percentage is due to the fact that many of the students truly want to be healthy, but they do not necessarily have the tools, resources, and/or social support to establish the necessary lifestyle changes that are required for a healthy ministerial career. For example, 64% of the survey participants indicated that they have "a lot" of interest in learning more about and taking steps to improve their individual health. Among those I interviewed, many said that they did not know where to start and felt overwhelmed with all of the conflicting health information shared through the media. As for the lack of social support, I will address that issue in the next section.

Regarding CTS students' stress levels, many participants in both the survey and the interview indicated that they were only feeling moderate levels of stress: 4.7/personal life, 6.2/school, and 4.8/ work (scale of 1 to 10, low to high). Again, I believe the reported stress levels were influenced in part by the fact that the surveys were conducted in late summer and early fall. I would have expected the rates to be higher based on my prior experience hearing students talk about their high levels of stress.

I also believe the scores were lower because there is a disconnect between the seminarians' perceived levels of stress and what the stress is actually doing to their overall health. In fact, I believe this disconnect, and the resulting mismanagement of their stress, is one of the greatest contributors to seminarian and clergy ill health. As multiple studies have shown, when people are stressed, they tend to make poor food choices (oftentimes eating either too much or too little), their amount of physical activity tends to

decrease, and both quality and amount of sleep frequently suffer. All of this contributes to even greater stress levels.

Based on my research, some of the biggest stressors for the CTS seminarians are grades/studying, family, financial concerns, and anxiety about calling. Many of the students openly admitted to me that when their school work starts to pile up, their level of physical activity tends to decrease or stops. In fact, many of the students have told me that the neglect of their health is only "temporary. I've just got to make it through seminary. However, once I graduate and receive my first call, then I will be able to eat healthier, exercise more, etc." Unfortunately, the statistics on clergy health prove that this line of (hopeful) thinking does not become reality. Further, using what "worked" for getting through seminary simply cannot hold up to the pressures of being a pastor. Long-term vocational service, which hopefully includes joy along with the stress, requires a different approach.

Section Summary

There is a lack of connection between health ideals and practices impacting the seminarians at CTS, that is, between the students' *actual* versus *perceived* levels of overall health. This disconnect manifests itself in some particular ways. Many of the participants want to lose weight, but have not attempted to follow a nutritional plan, they make commitments to be physically active, but have a hard time sticking to their plans, and they perceive a level of stress lower than it actually is, which means that they are unaware of what the stress is actually doing to their overall health. I believe this clearly demonstrates the need for 1) a much greater general emphasis in our seminaries and churches on teaching the biblical and theological views of health and wholeness, with a

particular focus on the role of the body and spiritual practices pertaining to the body, 2) an effort to make sure that seminarians have access to the tools and resources they need to be healthy while they are in seminary, and 3) the creation of the social support to assist the students in establishing the necessary lifestyle changes that are required for a healthy ministerial career.

Section 2: The Role of Churches in Seminarian Health

As mentioned previously, multiple studies have demonstrated that in addition to clergy being unhealthy, many congregational members are unhealthy, as well.[34] As for why church goers tend to be less healthy than non-church goers, various reasons have been suggested.[35] One major culprit is that potlucks, Sunday morning coffee hour, and other congregational meals are frequently laden with unhealthy foods.[36] Additionally, pastors rarely preach about the importance of taking care of one's health (possibly because doing so from the stance of their own personal unhealth might seem hypocritical). The research for this project, unfortunately, confirms both those reasons; the majority of my interviewees mentioned that unhealthy foods were common fixtures at

[34] For example, a 2006 Purdue study found that fundamentalist Christians are by far the heaviest of all religious groups, led by the Baptists (with a 30% obesity rate) compared with Jews (at 1%) and Buddhists and Hindus (at 0.7%.) In 2011, a Northwestern University study tracking 3,433 men and women for eighteen years found that young adults who attend church or a Bible study once a week are 50% more likely to be obese. The Pawtucket Heart Health Program found that people who attended church were more likely than non-church members to be 20% overweight and have higher cholesterol and blood pressure numbers.

[35] Note: religious involvement has been linked to some positive health outcomes such as higher levels of happiness, lower rates of smoking and alcohol use, and even a longer life, which should not be overlooked. But, in terms of some of the health outcomes on which I am focusing (obesity rates, blood pressure, and cholesterol levels), the outcomes are not encouraging.

[36] For example, fried chicken, macaroni and cheese, pound cake, pies, doughnuts, sweet tea—the list goes on.

church gatherings, they rarely ever heard a sermon about the importance of tending to one's health, and, in general, matters of health were not brought up at church outside of tending to one's spiritual health. Since 93% of my survey participants and all of my interviewees attended church growing up, this information is not inconsequential, particularly if one looks at how many of our health habits are shaped by our family and friends.

In the 2011 Edelman Health Barometer Study, for example, 43% of respondents believed that their friends and family have the most impact on their lifestyle as it relates to health, and more than 36% believe that friends and family have the most impact on personal nutrition.[37] A Harvard study done in 2007 confirms these perspectives.[38] That study found that the chance of someone becoming obese was 71% if they had a same-sex friend who became obese. Among married couples, the chance of a husband or wife becoming obese if the spouse became obese was increased to 37%. The study also found that the spread of obesity in a social network was not dependent on geographic distance.

The 2011 Edelman Health Barometer study also found that people who model a healthier lifestyle fail to connect actively with others who may benefit from their example, knowledge, and support. Nearly 31% of the participants who reported to have healthier behaviors admitted to distancing themselves from friends who engage in unhealthy behaviors. This is discouraging news for those who are seeking to find others to help them in their endeavor to become healthier. I also wonder how many people are

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[37] Edelman Health Barometer, accessed January 9, 2016, http://www/slideshare.net/EdelmanInsights/edelman-health-barometer-2011-global-deck.

[38] Nicholas A. Christakis and James H. Fowler, "The Spread of Obesity in a Large Social Network over 32 Years," *New England Journal of Medicine* 357, no. 4 (July 2007): 357,370-379.

leaving the church or not going to church because they do not want to be surrounded by such levels of unhealth.

There is a tremendous amount of good that can come from shifting the role that churches play in addressing matters of health. In fact, the shift is already taking place in some congregations throughout the nation.[39] The key is to increase that momentum and to spread it further.

Section Summary

If we want to improve the health of clergy, we must give greater attention to improving the health of seminarians. In order to improve the health of seminarians it is necessary to change the culture of our churches with regard to matters of health, particularly in light of the significant role that family and friends can and do have on the health of individuals. Achieving this lofty, but absolutely necessary, health-oriented goal must come, at least in part, through transforming our seminaries into models of health and wholeness.

Section 3: Making Seminaries Models of Health and Wholeness

While the current health crisis can seem overwhelming, now is the perfect opportunity for the Church to reclaim this dimension of the Good News and to share it

[39] Here are several (of what could be many) examples of churches that have a strong and demonstrable commitment to promoting health as part of the church's overall ministry: Peachtree Presbyterian Church, Atlanta, GA (https://www.peachtreechurch.org/thegym), St. John's United Methodist Church, Memphis, TN (http://www.stjohnsmidtown.org (http://www.stjohnsmidtown.org), Christ United Methodist Church, Memphis, TN (http://www.cumcmemphis.org/athletics/), Bethel AME Church, Baltimore, MD (http://www.stagnes.org/about-us/red-dress-sunday/overview/), St Vincent de Paul, Louisville, KY (http://www.runpossible.sweatysheep.com/), First African Methodist Episcopal Church Seattle, WA (http://www.fameseattle.org/#!faith-and-health-policies/chd4).

with the world. One of the ways in which we can embark on this journey together toward better health comes through transforming our seminaries into models of health and wholeness, places where health (in all aspects of the word) is not only discussed, but practiced. If seminaries are able to teach and model healthy living as part of a student's theological education, then the student will be more capable of carrying this healthy ethos into the ministries into which God is calling them.

Before this can happen, however, some changes in perception must occur. One of the biggest contributors to the overall unhealth of clergy, seminarians, and congregations is an approach to health that is too individualistic and compartmentalized. The scriptures over and over again call us to live in community; our seeking to become healthier is not something we can do by ourselves in isolation, or at least not very well, because we simply cannot be "self" unless we are in relationship with others. In fact, we must remember that "self" is, paradoxically, a largely social construct. Therefore, what we do in relationship with others is not morally neutral. As those who stand in the Judeo-Christian tradition, we affirm that what we do in our relationships with others is directly related to our relationship with God. Truly, our own health depends on and is influenced by the health of others in our community. I cannot think of a better place not only to learn, but to practice, what it means to live into the abundant life which God wants for us all than a seminary setting.

In addition to Scripture, scientific research shows us that people's individual health is deeply influenced by those around them. Stated another way, if one wants to improve their chances of becoming healthier or maintaining his or her level of health, one

needs to surround oneself with others who are seeking health and wholeness in their lives, too.

Furthermore, the majority of students, at least at CTS, want their seminary to become models of health and wellness. Ninety-two percent of the survey participants and 100% of those interviewed said that matters of health should be addressed as part of their theological education. Eighty-seven percent of the survey participants and 100% of those interviewed also said that they were planning to address matters of health in the ministry to which God is calling them.

One reason so many of the participants want health to be a part of their theological education and a part of their ministry is that so many people have become aware of the level of unhealth in this country. The unhealthy American lifestyle is increasingly difficult to ignore, as is the profoundly negative impact it is having on us as individuals, our communities, and on God's creation.

At the same time, religious leaders are also recognizing that the definition of "church" is changing. "Church" is no longer assumed to take place in a steepled-building; rather, the congregants can gather anywhere (an abandoned store front, bar, park, beach, hiking trail, etc.). And, how "church" is done is no longer assumed to be a gathering of homogenous, well-groomed people on a Sunday morning following a set liturgy and singing songs accompanied by an organ and chancel choir. "Church" is now being done through people coming together to feed the homeless at a local food pantry or passing out sandwiches to people living on the street, washing people's feet as well as their laundry, running a 5K or cycling a 65-mile race in order to raise money for diabetes, AIDS, cancer, and other causes.

Indeed, the Church is rapidly changing. We (churches, theological institutions, etc.) are being called to change, not merely as a reaction to what is happening in our society. Instead, the level of unhealth currently plaguing our society is challenging us to re-examine and faithfully respond to what God has always wanted for our lives: the peace (shalom) that is mentioned repeatedly in the Old Testament and the abundant life that God has promised to us through Christ. Many seminarians are recognizing these societal challenges and want to have the biblical and theological insights as well as the practical resources to take the challenges head on!

Section Summary

If seminaries teach and model healthy living as part of a students' theological education, then students are able to carry this healthy ethos into the ministries into which God is calling them. This will not only help them to be healthier pastors, it will help those they serve to be healthier, as well.

Part IV: Five Suggestions for Creating Healthier Seminaries

The suggestions in this section are primarily the result of what I learned through the survey and interview responses and my time working with CTS seminary students over the last several years, as well as my own experience of having been a seminary student. Since I have more ideas than can be addressed in this paper, I have chosen to identify five areas that would have the greatest impact on improving the health and well-

being of those who work and study in theological institutions. I recognize that some of what I suggest will not work at every seminary. At the same time, I hope that some of what I recommend can be adapted and/or implemented to fit the individual needs of particular seminary settings.

Offer Healthier Food Options

I believe offering healthier food options should be one of the top priorities of any seminary. My survey participants did not admit to feeling a significant amount of stress, but the number of faculty, administrators, and students who have privately shared their concerns with me over the last several years about the amount of stress eating that takes place on campus suggests this is a significant issue. In fact, when I started directing the Healthy Seminarians-Healthy Church Initiative (HSHC) in 2012, faculty and staff would tell me that they had watched an alarming number of students gain quite a bit of weight during their time at CTS (ten to thirty pounds were the most common estimates). Much of that weight gain was attributed to the students' making poor food choices. As multiple studies have shown, when people are stressed, they tend to eat too much or too little. Sadly, I have witnessed some of this stress eating over the last several years, particularly in the amount of fatty foods, soda, candy, and other sugar-laden fare that people are ingesting.

As for providing healthier food options, I think the first step is for seminary communities to evaluate the food ethos on their individual campuses: what is being served through the dining services, at formal and informal gatherings, at potlucks, in classes and study groups, and at other venues. Additionally, when evaluating whether the

food choices on campus are healthy for the individuals in the community, I also believe that seminaries need to consider the social implications of where their food is coming from as well as the impact of their food choices on God's creation. As mentioned previously in this paper, one cannot separate the health of the individual from the community or the world around them. As Christian religious institutions, seminaries have the added challenge of the scriptural witness, which is always asking, are we loving God, loving neighbor, loving self (Deut. 6:4) through our food practices? In essence, a seminary's food ethos is part of the students' education, and is as important as any other aspect of the curriculum in that these practices constitute lessons about how food should be understood, obtained, and consumed. And, as with the other lessons they learn at seminary, students also carry their food practices into the churches they serve. Clearly, such an important pedagogical element should be treated with as much care as the rest of the academic experience.

CTS, through its partnership with the HSHC, evaluated its food ethos and practices during the fall 2015 and spring 2016 semester. CTS and HSHC are currently working together to implement some of the action items that were recommended to the CTS administration by the food evaluative group.

Offer Practical Healthy-Living Workshops, Events, and Classes

In addition to offering classes for credit, it is also important to provide a variety of different educational opportunities for the seminary community. Whether it is a healthier foods sampling table, videos with time for questions and answers, small groups focused on a particular health concern (body image, alcohol and internet pornography addictions,

etc.), cooking demonstrations, or spiritual formation groups, there are plenty of subjects that, according to my interviewees, would be helpful for seminaries to address. It is essential that members of the seminary community also have opportunities to receive practical tips and ideas, as well as have actual hands-on experiences (e.g., trying out some breathing and stretching exercises, cooking foods that they have not used before, etc.).

My research revealed that CTS students are most interested in the following activities:

- nutritional consultations
- financial health seminars
- stress management seminars
- services of prayer and healing
- healthy cooking demonstrations
- support for persons with mental illness

- fitness consultations
- gardening/sustainable-living classes
- walking groups

Some of these activities are already taking place on the campus through the work of the Spiritual Formation Program, Student Life, HSHC,[40] and some other on-campus entities. Hopefully, some of these activities will be taking place in the near future. There is still plenty of room to grow in order to meet the students' needs in this regard.

It is also important to learn the culture of the particular seminary setting to find out what days and times are going to attract the greatest number of participants, to determine when the activity should be planned within the course of the semester, and to

[40] The HSHC is a non-profit organization that was established in 2012 and has been housed at CTS since the fall of 2014. The primary focus of the HSHC is improving the health of future clergy **before** they receive their first calls into ministry. For more information on HSHC, go to http://www.healthyseminarians-healthychurch.org.

know how best to publicize such activities. At CTS, I found that the optimal time to hold workshops and demonstrations is during the lunch hour, and that most of the activities should be scheduled prior to the mid-term period of each semester. Since many students have jobs, family commitments, and other obligations in addition to their classes, I have had very little success with events planned at times other than the lunch hour or after the mid-term exams. I also learned that once they reach the mid-term in the semester, students become very protective of their time. Therefore, their attendance at events post-midterms is very low. Further, advertising events via traditional means such as the campus-wide email typically is not effective. A number of students have told me that they completely ignore those mechanisms, and my experience bears this out. Personal invitations, word of mouth, and pre-class announcements by professors tend to work best.

Provide a Fitness/Wellness Center and/or Access to an Affordable, Easily Accessible Facility

Over the last several decades, colleges and universities have either built and/or have significantly improved the spaces on campus designated to help students reach their health and fitness goals. Depending on the size of the institution, some have full-blown wellness centers where students can go for routine medical care, speak with mental health professionals, and work out using various cardiovascular options and strength training equipment. Other institutions have focused on providing a fitness center only, leaving students have to travel offsite for medical and mental health concerns.

Naturally, limited resources and the size of the physical plant precludes some institutions from having a space on campus designated to help students reach their health and fitness goals. In such cases, those institutions have partnered with other local

educational centers, gyms, and health providers so their students can tend to their health and fitness at more affordable prices. As a result, most college students are accustomed to having these sorts of amenities. Therefore, the students who find themselves called to seminary are going to expect similar options when visiting and/or enrolling as a seminary student.

Regardless of the type of facility that is offered, the key is that it must be conveniently located and affordable. Many of the interviewees for this project said location and cost of health/fitness centers are stumbling blocks for them at CTS. This is also reflective of what the general population says are barriers to being more active.[41] Further, based on my experience at CTS, students are not necessarily looking for a huge facility with the shiniest, most high-tech pieces of equipment. What they do expect, however, is a facility that is clean, with well-maintained/safe equipment, and where they can have fun![42]

Health and Wholeness Need to be Infused into the Curriculum

I believe that it is absolutely essential that seminaries have at least one health-oriented class that the students are *required* to take. That class would cover biblical, theological, and practical topics such as

1) Body and Health in the Old and New Testament
2) The Role of Food in the Bible
3) Habit Formation and Transformation

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[41] For example, according to *The Wellness Deficit: Millennials and Health in America (September 2015)*, the biggest barriers to exercise cited by the participants were: lack of time (50%), lack of motivation (35%), location (28%), current level of fitness (24%) and cost of activities (20%).

[42] The participants in my study shared a similar sentiment to what was found in *The Wellness Deficit: Millennials and Health in America (September 2015)*; 77% of that study's participants said they would like their workout at the gym to be as interactive and fun as possible.

4) Spiritual Disciplines
5) Nutrition,
6) Exercise/Play[43]
7) Stress Recognition and Management
8) Mental Health Awareness

As mentioned previously, many of the students interviewed for this project said they would love to take health-oriented "elective" class(es). However, even if such elective were offered they probably would not take the classes because they did not see how they could add one more obligation to their already packed schedules. They feel like the core classes they are required to take to graduate, as well as the other demands on their time (internships, clinical pastoral education units, work, family, etc.), would make this impossible. But imagine the powerful message it would send if a seminary were to make a health-oriented class a core requirement! It would certainly communicate how seriously that the seminary takes the health of its students, future clergy, and the communities it serves.

Seminary faculties should also consider in existing classes being more intentional around conversations about health, wholeness, and the role of the body. From an administrative perspective, this would not require the institutions to make significant changes to their current curricula, so perhaps seminaries could begin implementing these conversations while working on restructuring current curricula to include new classes on health, wholeness, and the role of the body. How would this work? At CTS, there is already a required integrative class called "Imagination and Resilience," which in the past has lightly touched on such things as the importance of exercise and spiritual disciplines.

[43] Given that my participants' personal histories and CTS' history included time for play, I think this aspect of health often gets neglected and needs to be recovered and included in the curriculum.

However, the majority of the students I interviewed said that, while the class has tremendous potential, it has limited practical application in its current incarnation.

Other ways in which health and wholeness might be infused into the curriculum include the following:

- In an Old Testament class, there could be a greater emphasis placed on how the ancient Israelites understood health, wholeness, and the mind-body-soul interconnection, or the importance of food laws and what their modern-day interpretation and implementation might resemble.

- In a New Testament class, the instructor can be sure students understand that the Hebrew mind-body-soul interconnection continue in the New Testament, even though the early Christian believers were surrounded and influenced by the Greeks dualist view of the body. Discussions could include the significance of the Word of God becoming flesh (Jesus is the embodiment of God's love for humanity), Christ's disciples are the "Body of Christ," and the various forms of hunger and thirst and the healthiest way to nourish them—physical (food and water), loneliness (finding community), spiritual (allowing Christ to quench our spiritual hungers and thirsts), and so forth.

- In courses on youth ministry, when the students are learning about the effectiveness of incorporating the various senses (sight, hearing, touch, taste, and smell) into their lesson plan, there could be discussions about how they might include units on healthy foods and physical practices (such as breathing or mindfulness-oriented walking). This would be tremendously helpful, particularly in light of the fact that youth gatherings are notorious for serving unhealthy food, which, according to one of my interviewees, "The youth and the advisors do not need to be eating!"

Help the Faculty, Administrators, and Staff Live into the Reality That They Are Influential Role Models

Like it or not, seminary students are paying attention to the explicit and implicit messages they are being taught by those who work at a seminary.[44] In fact, the role the faculty, administrators, and staff play in the lives of the students is similar to the role that

[44] Several of the interviewees made comments about the kinds of positive and negative health messages they were receiving from the people working at CTS.

students will take on when they become pastors and, thus, come under the scrutiny of their congregations. Since this dynamic is taking place, seminary faculty, administration, and staff ought, first and foremost, to be made aware of this and then encouraged to promote good health practices as part of their seminary service. For example, the institution can be intentional about creating opportunities for the faculty, administrators, and staff to model healthy food choices, paying attention to the kinds of food provided at formal and informal gatherings, as well as what is handed out in class or placed in candy jars on staff desks, and make the physical activity of faculty, administrators, and staff more visible to students. Schools can encourage staff to take a walk during the lunch hour, provide convenient bike racks so that employees can bike to campus if they live nearby, allow employees to use some of their official work hours to serve in the community garden if there is one on campus, and encourage them to share with students what they like about a group exercise class they are attending or perhaps what fitness app they have found to be helpful to them as they are seeking to be healthy, among other possibilities.

The faculty, administrators, and staff can also be given the tools and resources they need to take care of themselves, such as providing them opportunities to attend some of the events listed earlier in Part IV of this paper, as well as incentives for doing so. Ideas for incentives could include running a health incentive campaign where participants can win health-oriented gift cards (such as massages, fitness and nutritional consultations, etc.), providing longer lunch hours for those on the clock so they can have time to go for a walk and eat their lunch, giving discounts for memberships to local gyms, or offering extra bonuses that are based on reaching the individual's health and wellness goals.

Conclusion

The United States is currently undergoing a major health crisis, particularly in regard to high obesity rates and related risk factors, high stress levels, and sedentary lifestyle. This is having a tremendously negative impact on us as individuals, communities, and beyond. Even more alarming are the studies that show that the rates of obesity, blood pressure, cholesterol, and mental illness are higher among clergy than those they serve, and that many congregation members tend to be less healthy than those who do not attend houses of worship. My study confirms, unfortunately, that many of the health concerns afflicting clergy are also negatively impacting the students at CTS, who are themselves plagued by high rates of obesity, high blood pressure and cholesterol levels, and mental illness.

It does not have to be this way! In fact, the Church can be at the forefront of addressing these health concerns by making seminaries models of health and wholeness. This will not only improve the wellbeing of those in the seminary community, it will also empower those working in the parish setting (and beyond) to share the Good News and help assist others to live into the abundant life that God wants for us all. What is even more exciting is that the overwhelming majority of the students who participated in my survey and interviews feel called to be a part of this movement!

Our seminaries, with the tremendous influence they bear in training pastors, are a critical part of showing the way to better health. By rethinking the role of health as a central aspect of what it means to serve in God's name, by revising not just the curriculum but the entirety of campus life around the exploration and promotion of

greater health, by becoming centers of reimagining the fundamentally interdependent nature of health and what that means not just to individuals and local communities but also to the world and to creation—in all these ways, seminaries can offer an even greater and more complete version of what the faithful life, faithfully lived, truly is. Healthier seminarians become healthier pastors, healthier pastors can help create healthier churches, and healthier churches can be the linchpin of a healthier world.

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FULL-LENGTH VERSION OF

FIT TO SERVE: MAKING SEMINARIES MODELS OF HEALTH AND WHOLENESS

By
Karen Hagan Webster

> When I entered seminary I was in the best shape of my life and when I left seminary I was in the worst shape of my life.
>
> —Recent Columbia Theological Seminary Graduate

The person that shared those words with me in the spring of 2016 is now serving as a pastor in a parish setting. When I asked if this recent graduate would be willing to share with me why this happened, the person stated without hesitation (showing that there had already been a fair amount of reflection on this issue):

> I attribute it to three reasons: 1) The food choices that were available at CTS were unhealthy . . . everything from the food being served in the Refectory to what was being offered at official and unofficial community gatherings (picnics, study groups, etc.), 2) Student life has irregular hours (as opposed to when I had been working a normal job), which I confess I could have done a better job of managing. As a result, I did not make the time to prepare healthy meals, nor did I exercise enough (both of which had been a priority for me prior to coming to seminary), and 3) I believe being called to be a pastor is an enormous stressor, more so than other vocations. When one is called to be a pastor, one realizes the many sacrifices that he or she is going to have to make (the stigma associated with being a pastor, relinquishing other professional opportunities, giving up of the self due to the demands of the congregation, the longs hours, the stress placed on one's spouse and/or family, the list goes on). Plus, when one graduates from seminary, there is the expectation not only that the person will know how to run a church, but they are also responsible for "leading the flock," being the spiritual guide for the congregation. As a result, there were a lot of opportunities for "stress eating" in seminary, in which I regularly took part. This contributed greatly to my level of unhealth when I graduated.

Unfortunately, this student's experience is not an isolated incident; rather, it expresses the sentiments of many of the Columbia Theological Seminary (CTS) students

with whom I have been working since the fall of 2012 while pursuing the Doctor of Ministry (DMin) degree in which my primary focus has been studying issues of health related to seminarians, clergy, and congregations. During this same time period, I have not only witnessed this myself, but had multiple faculty, staff, and administrators express their concerns to me about the number of students on campus who are 1) obese, either upon arriving at CTS for their first semester or after gaining significant weight during the time they are pursuing their degree, 2) inactive, or 3) overwhelmed by stress. Most of the people who have expressed concern about the prevalence of obesity are also deeply concerned about the unhealthy food choices available on campus, which not only impact the health of individuals but also the overall health of the seminary community. Many people—students, faculty, and staff—choose to go off-campus to find healthier meals rather than staying on campus and eating in community.

Jesus said, "I came that they may have life, and have it abundantly" (John 10:10b).[45] How can seminarians have abundant life and participate in the abundant lives of those they are going to serve if they are unhealthy? The apostle Paul wrote, "You are not your own, for you were bought with a price. So glorify God in your body" (1 Cor 6:19-20). How well are our seminaries assisting our future pastors to be good stewards of their bodies?

What makes these issues even more challenging is that the most prevalent health issues I have observed among CTS seminarians (high obesity rates and related risk factors, high stress levels, and sedentary lifestyles) are precisely the same health concerns plaguing clergy, which multiple studies—many of which will be discussed in following

[45] Unless otherwise noted, all scriptural references are from the New Revised Standard Version of the Bible, Oxford University Press, 1998.

sections—have shown is of substantial concern. Yet, not only has there been little research done on the health of seminarians, it also appears that seminaries have done little to address matters of health and wellness from biblical, theological, or practical perspectives. Why are institutions, denominations, and other organizations pouring so many resources, financial and otherwise, into trying to improve the health of clergy, when virtually no effort has gone into addressing the health concerns of seminary students? [46] I believe that waiting to address matters of health until after people become pastors is not only bordering on too late, it also makes good health much more difficult to achieve than if seminary students are equipped, as part of their theological education, with the tools and resources they need to thrive in the vocations for which they are preparing.

Furthermore, if we want to improve the health of individual seminarians, there must be a much greater emphasis placed on crafting healthy seminary environments. "[Christianity] has the highest theological evaluation of the body among all religions of the world, [yet] it has given little attention to the body's role in the spiritual life in positive terms. High theology; low practice."[47] What would happen if seminaries became places where "high theology and high practice" were both taught and modeled as they

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[46] "The Duke Endowment Awards More than $57 Million in Grants," North Carolina Network of Grant Makers, accessed August 4, 2015. http://www.ncgrantmakers.org/news/129721/The-Duke-Endowment-awards-more-than-57-million-in-grants.htm. In 2007, The Duke Endowment awarded a $12 million grant to Duke Divinity School to kick start a seven-year effort to assess the overall health of United Methodist pastors in North Carolina and to develop a program that meets their needs. They were then awarded another $5.7 million to extend the initiative a few more years. However, after inquiring with people involved in the administration of this program, I discovered that none of the money has been used for the improvement of divinity student health since the terms of the grant do not include work with seminary students.

[47] Ryan, Thomas, ed. *Reclaiming the Body in Christian Spirituality* (New York, NY/Mahwah, NJ: Paulist Press, 2004), xi.

relate to our own health and the health of those around us? What would it be like if seminaries were places that intentionally developed cultures valuing healthy eating, physical activity, intentional spiritual formation (on both individual and communal levels), emotional support, and the development of opportunities to tend and be nourished by God's creation? If students are given the chance to learn about health as it relates to their faith and calling, this will not only help them to be healthier as individuals and, therefore, more effective pastors, it may also mean that the health of those they serve would be greatly enriched. The potential end result is that the Church could positively impact the health and well-being of hundreds of thousands of people across our nation.[48] Given that our society is currently facing multiple health crises, I cannot think of a better time than now for us, as the Church, to respond!

I am deeply interested in this research topic because, in addition to being an ordained Presbyterian Church (USA) (PCUSA) pastor for over ten years (serving several churches in different capacities), I have also been part of the health and fitness industry for over twelve years, working with people of various ages/physical abilities in a variety of different settings (a commercial health club and a physical therapy clinic, as well as with individuals in their own homes). As such, this project allows me to bring together

[48] Matthew Feinstein, Kiang Liu, Hongyan Ning, George Fitchett, and Donald M. Lloyd-Jones. "Coronary Artery Risk Development in Young Adults (CARDIA)," *Preventive Medicine* 54, no. 2 (February 2012):117-21; Krista M. Cline, and Kenneth F. Ferraro, "Does Religion Increase the Prevalence and Incidence of Obesity in Adulthood?" *Journal for the Scientific Study of Religion* 45, no. 2 (June 2006): 269-281.Studies have shown that church-goers, overall, have higher rates of obesity, higher cholesterol, and higher blood pressure levels than non-church-goers. Two examples of such studies were conducted at Northwestern University (2011) and Purdue University (2006), and found incident obesity and cardiovascular risk factors between young adulthood and middle age by religious involvement. Therefore, the Church could significantly contribute to improving the state of people's health here in the United States. This will be discussed in more detail in the last section of this paper.

my greatest passions—improving the health and well-being of others for the betterment of society in the service of God!

The thesis of this project is given the current health crisis in the United States (in which the Church plays a part), it is imperative to reclaim biblical understandings of holistic health (shalom, abundant life) and equip the PCUSA's theological institutions to become more faithful and sound models of health and wholeness for students, congregations, and the larger community. In so doing, the Church could be poised to operate at a high degree of relevance vis-à-vis one of the great societal challenges of our era.

The primary goal of this project is to identify the personal health issues impacting the Master of Divinity (MDiv) degree students at CTS and learn from them what they believe to be the Church's role in formulating effective theological and practical approaches to these various health issues. This took place in two steps. First, an anonymous, online questionnaire (modeled on the PCUSA Congregational Health Ministry Survey) was e-mailed to the current CTS MDiv students. Next, I conducted in-depth interviews with seventeen students, asking questions directly from the survey, as well as questions that delved more deeply into their health habits at various points in their lives (growing up, while in college, pre-seminary, and during seminary).

One limitation of this research project is that the questions asked on both the survey and during the interviews are fairly broad. Additionally, I conducted the survey and the interviews at only one seminary. I see this project, however, as a pilot program, a first step towards future research. Another limitation of this project is that fifteen of the seventeen students interviewed were self-selected volunteers, which could create a bias

towards students who are concerned about matters of health as they relate both to them personally and to their theological education.

Despite the limitations of this study, I hope that this project will not only help uncover some of the main health issues impacting CTS students, but will also serve as a basis for discerning creative ways to move members of this seminary community toward greater wholeness in their own lives and in the world around them. I am also hopeful that the work done in this research will provide the foundation for future projects involving other PCUSA seminaries, as well as non- PCUSA seminaries and divinity schools.

I begin Part I by providing an overview of CTS, looking at its historical context (with a particular eye toward moments in its history where matters of health were named or addressed), as well as its current contextual setting. Following that, I describe several of the main health issues that are currently impacting clergy, since that is the vocational direction of many CTS students, and there are not enough studies done specifically about seminarian health to use as a comparison. In Part II, I discuss some of the people, events, and pivotal moments in my life that have influenced me and address why I have an interest in this particular subject matter. In Parts III and IV, I explain my research methodology for both the survey and the interview, as well as provide the results of my study. In Part V, I highlight some of the key findings I discovered through this study and provide suggestions and strategies for how seminaries can become models of health and wholeness.

Part I: Historical and Current Context of CTS

A Brief Historical Overview of CTS

In order to gain an understanding of Columbia Theological Seminary's current context, over the next several pages I provide a brief summary of relevant factors in the seminary's history. To begin, I have included the information that is posted on the seminary's current website:

> From the time of its founding in Lexington, Georgia, in 1828, Columbia has been committed to training persons for leadership in the church of Jesus Christ. Throughout its history, Columbia has nurtured, and has been nurtured by, the Presbyterian Church in the South; this connection continues to be a cherished tradition. While Columbia now enjoys an outstanding national and international reputation, it also faithfully upholds its historic covenants with the Synods of Living Waters and South Atlantic.
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> In 1830, Columbia, South Carolina, became the first permanent location of the seminary. The school became popularly known as Columbia Theological Seminary, and the name was formally accepted in 1925. The decade of the 1920s saw a shift in population throughout the Southeast. Atlanta was becoming a commercial and industrial center and growing rapidly in its cultural and educational opportunities. Between 1925 and 1930, President Richard T. Gillespie provided leadership that led to the development of the present facilities on a fifty-seven-acre tract in Decatur, Georgia.
>
> Because the early years in Decatur were difficult, the future of the institution became uncertain. Columbia, however, experienced substantial growth under the leadership of Dr. J. McDowell Richards, who was elected president in 1932 and led the seminary for almost four decades. Following Dr. Richards' retirement in 1971, Dr. C. Benton Kline served five years as Columbia's president. In January 1976, Dr. J. Davison Philips assumed the presidency; he retired eleven years later. Dr. Douglas W. Oldenburg became the seminary's seventh president in January 1987. In August 2000, Dr. Laura S. Mendenhall began her service as Columbia's eighth president. She served nine years and was succeeded in July 2009, by Dr. Stephen A. Hayner, who had been a member of the faculty since 2003. As of July 2015, our new president is Dr. Leanne Van Dyk.[49]

While this history is not intended to be exhaustive, I do find that it significantly understates the substantial challenges CTS has experienced over the course of its 187 years of existence, challenges which have directly impacted and shaped the institution as

[49] "A Brief History of the Seminary," Columbia Theological Seminary, accessed June 12, 2015, http://www.ctsnet.edu/our-calling/history/.

it is today. Several significant challenges include the momentous financial pressures the seminary faced associated with establishing the institution, relocating from Columbia, South Carolina to Decatur, Georgia, just prior to the Great Depression, trying to provide students with the same quality of education and amenities that students could find at other, more established seminaries, and being located in the South during significant historical events—the Civil War, Reconstruction, the Civil Rights movement, and the reunification of the southern Presbyterian Church PCUS with the northern Presbyterian Church UPCUSA in 1982-83.

Looking at the historical setting of CTS as it relates to matters of health, I found *As I Remember It: Columbia Theological Seminary 1932-1971,* written by J. McDowell Richards (who served as the seminary's president for thirty-nine years), to be an insightful resource. Several passages were relevant to my research. When describing President Gillespie (1925-1930), Richards writes,

> Physically, Dr. Gillespie was highly impressive—above average height, well-proportioned body, handsome features. His smile was winsome, his manner friendly and graciously dignified, his strength of character unmistakable. One could not be long in his presence without sensing the sincere Christian character of the man and the depth of his dedication. From a human viewpoint, the years of his service to the seminary were all too few.[50]

From this brief description, one gets a sense that this apparently healthy, successful president had a tremendous impact on the seminary community, but for some reason his time of service to the community was cut short. Why?

Richards goes on to write,

> Dr. Gillespie himself had overtaxed his strength by the heavy load which he had carried for three years with practically no vacation. Shortly after the seminary

[50] J. McDowell Richards, *As I Remember It: Columbia Theological Seminary 1932-1971* (Decatur, GA: CTS Press, 1985) 18-19.

> opened in September (1927), he was persuaded to accept the gift of a month's vacation . . . in the belief that this would restore his strength for the heavy responsibility facing him. Unfortunately, he was never again able to give uninterrupted service to the seminary. . . . Dr. Gillespie was but a shadow of his former self during the next two years and died unexpectedly while attending the General Assembly meeting in Charlottesville, Virginia in 1930.[51]

Although I do not know what the health outcomes were for the majority of the other seminary presidents, I do believe it is important to mention that "workaholism" appears to be a part of this seminary's medical history, impacting the health of the seminary community then and now.[52]

Another piece of the school's history worth noting, which Richards mentions multiple times, concerns his observations about the school's recreational opportunities during his time as the seminary's president. He writes that when the seminary first opened at its Decatur location

> most of the campus [was] still heavily forested, not a great deal of space was available for sports. Two sand-clay tennis courts had been prepared at the southwest corner of the seminary; adjacent to them was a small wooden structure in which a mat had been provided for wrestlers. The largest space available as a playing field was a vacant lot lying several hundred feet north of Campbell and located between three seminary homes and the home occupied by the president. Although the area was insufficient for satisfactory competition, students used it for softball games and for touch football.[53]

From my reading of this text, and knowing that the school had significant financial concerns when it first relocated to Decatur, it appears that creating recreational spaces—even rudimentary—was important to the school's leadership at that point in the school's history, and that the students enjoyed using the space.

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[51] Richards, 19-20.

[52] If one subscribes to Bowen Family Systems Theory, the scope of which is outside the bounds of this paper, patterns of behavior, such as workaholism, tend to be transmitted over multiple generations.

[53] Richards, 80.

Richards also mentions that at some point while he was serving as president (he does not mention any dates),

> an appropriate space nearer to the main buildings was found and marked off as a volleyball court. Here games were frequently played [with faculty and the president himself]. Faculty members also played tennis with the students and Dr. Cartledge, who was a first-rate golfer, led a student contingent occasionally to one of the nearby golf courses.[54]

From this statement, it appears not only that the students enjoyed recreation, but the faculty and the president, himself, also enjoyed participating in recreation with the students.

Finally, one other comment by Richards is important to include:

> [In 1949] the seminary acquired an adequate athletic field for the first time. Under the terms of the G.I. Bill of Rights, Columbia Seminary collected $50 per quarter for each veteran in school even though this covered no particular fees of the institution. The seminary adopted the policy of dividing this amount with the veterans, thereby providing them an allotment for purchasing books and other needs, and of retaining the balance to make needed improvements. One of the most obvious was an athletic field. This need was met by the clearing, grading, and seeding of a large area in the central part of the campus. Through the years this athletic field has not only served to meet the needs of the students, but has been made available for use by young people in the community for Little League baseball contests and for soccer games.[55]

From this statement, it appears that recreation was clearly important, as the athletic field was placed "in the center part of the campus," with the intention of sharing that space with its community neighbors.

In summary, it appears from my reading of Richards's text that, historically speaking, participating in recreation was something that students, faculty, and the president of the seminary enjoyed and valued. As for other indicators of health—what

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[54] Richards, 80.

[55] Ibid., 81.

people ate, levels of stress, amount of sleep (the kinds of questions we ask in this study)—I do not have answers, because these kinds of questions were not asked then. In fact, such concerns are only starting to be addressed now.

Current Context of CTS

In its current context (academic school year 2015-2016), CTS has 298 students officially enrolled. Overall, the largest number of students is enrolled in the DMin program (114), and the majority of those students participate in that degree program on a part-time basis. The second largest cohort of students is those enrolled in the MDiv/dual degree program (112), of which 95.5 % are enrolled as full-time students. Outside of these two groups, the remaining seventy-two students are enrolled in the Doctor of Theology (ThD) or Doctor of Educational Ministry (DEdMin) programs (31) and the two-year Master of Arts in Theology (MATS) program (41).

Sixty-six percent of the MDiv/dual degree students at CTS identified themselves as PCUSA Presbyterians. The next five largest denominations represented are nondenominational (5.3%), African Methodist Episcopal Church (4.4%), Baptist (2.7%), Korean Presbyterian (2.7%), and United Methodist Church (2.7%). Demographically speaking, the majority of the MDiv/dual degree students are white/Anglo (51%). The next largest groups are African American (18.5%), Asian (9.1%), non-resident alien (12.5%), and Hispanic/multi-racial/Pacific Islander (4.4%). Almost 51% (50.9) of the student body is female, and 49.1% is male. As for geographical distribution, the majority of the MDiv/dual degree students come from the southeastern United States (sixty/Georgia, eight/North Carolina, seven/South Carolina, six/Florida, five/Tennessee, and nine/other Southern states). The remaining seventeen students came from elsewhere

in the United States (nine) and the world (eight). Although I do not know the demographic statistics for the other PCUSA seminaries, I find that, overall, the CTS student body is relatively diverse, which I believe provides multiple possibilities and opportunities for future research projects.

Primary Health Concerns among Clergy

Now that the school's history and current demography have been set forth, I am going to highlight some of the main health problems that are not only plaguing our country as a whole, but which have also been flagged as being of particular concern among clergy: obesity issues, cardiovascular disease (and its related diseases), and poor mental health. Currently, I have found only one study that provides some health statistics for seminarians. The study was based on an online survey that was filled out by first-year students at three United Methodist Church seminaries: Claremont, Drew, and Duke. Since it was only one study, done only with first-year seminary students, and the response rate was quite small relative to the hundreds of studies that have been done with clergy, I believe that examining the health issues that are impacting clergy is a more accurate approach. Having said that, though, the study done on seminarians did show that they are, for the most part, facing the same health issues that are plaguing clergy.[56] As such, some of that study's findings are provided in the following sections.

Obesity Epidemic

[56] Vesta Research, "2013 Annual Seminary Student Health Survey," accessed October 23, 2015, http://www.gbophb.org/center-for-health/clergy-health-studies/.

Many attempts have been made to address rapidly increasing obesity rates (the "obesity epidemic") in the United States. However, the number of people who are or will become obese is continuing to rise. A graphic of the 2013 Center for Disease Control obesity statistics (Figure 1) and a summary follow:[57]

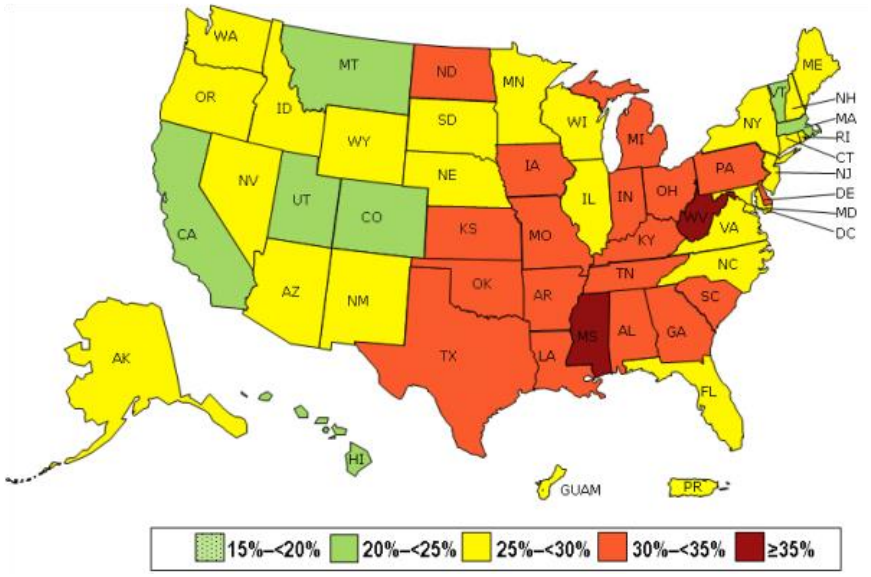

Figure 1. Prevalence of Self-Reported Obesity among U.S. Adults by State and Territory, BRFSS, 2013.

- No state had a prevalence of obesity less than 20%.
- Seven states and the District of Columbia had a prevalence of obesity between 20% and 25%.
- Twenty-three states had a prevalence of obesity between 25% and 30%.
- Eighteen states had a prevalence of obesity between 30% and 35%.
- Two states (Mississippi and West Virginia) had a prevalence of obesity 35% or greater.
- The South had the highest prevalence of obesity (30.2%), followed by the Midwest (30.1%), the Northeast (26.5%), and the West (24.9%).
- Combining BRFSS data from 2011 through 2013, non-Hispanic blacks had the highest prevalence of self-reported obesity (37.6%), followed by Hispanics (30.6%) and non-Hispanic whites (26.6%).

[57] Center for Disease Control and Prevention, "Adult Obesity Facts," accessed August 7, 2015, http://www.cdc.gov/obesity/data/adult.html.

What makes the obesity epidemic even more disconcerting is that obesity-related conditions, which include heart disease, stroke, Type 2 Diabetes, and certain cancers, are among the leading causes of preventable death.[58] Additionally, the estimated annual medical cost of obesity in the United States was $147 billion (USD) in 2008, and the average medical costs for people who are obese were $1,429 higher than for those of normal weight.[59]

Looking at the obesity epidemic as it relates to clergy, one study of United Methodist pastors in North Carolina found that 40% of the pastors were obese.[60] Another study that examined clergy in other parts of the country found that 41% in their study were obese.[61] These are just two of the multiple studies indicating that the percentage of clergy who are obese is far greater than the national estimate of the general population (33%).[62]

These obesity rates should be of particular concern to CTS because the Center for Disease Control and Prevention (CDC) summary lists the South, where CTS is located, as having the highest rates of obesity in the nation (30.1%). Furthermore, according to the same summary, for the non-Hispanic black population, the obesity rate is over 37.5%. (As previously mentioned, almost 20% of the CTS students identify as being black).

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[58] Center for Disease Control and Prevention.

[59] Ibid.

[60] Rae Jean Proeschold-Bell and Sara LeGrand, "Physical Health Functioning Among United Methodist Clergy," *Journal of Religion and Health* 51, no. 3 (September , 2012): 734-742.

[61] M. Bopp, et al., "Clergy Perceptions of Denominational, Doctrine and Seminary School Support for Health and Wellness in Churches," International Journal of Social Science Studies 2, no. 1 (January 2014): 189-199.

[62] Katherin M. Flegel, Margaret D. Carroll, and Cynthia L. Ogden, "Prevalence and Trends in Obesity Among US Adults, 1999-2008," JAMA 307, no. 5 (February 2012):491-497.

Thus, one may project that obesity rates at CTS may be higher than at seminaries located in other regions of the country, and where the student bodies of those seminaries are comprised of fewer black students. Figure 2, however, illustrates how widespread the obesity epidemic is among non-Hispanic Blacks, not only in the South, but also in the majority of the Midwest and Northeast. This data suggest that geographical locations of the seminaries may not be as significant a factor in rates of obesity as is the percentage of black students who make up the student body. Although there are some variances among

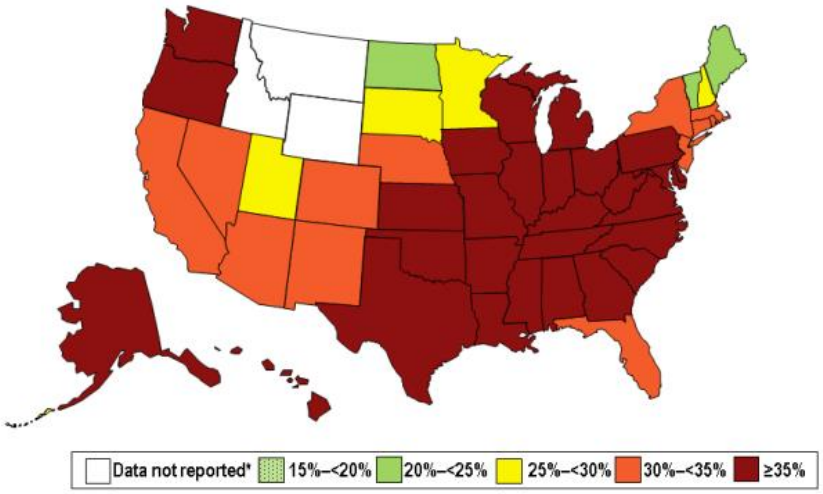

Figure 2. Prevalence of Self-Reported Obesity Among Non-Hispanic Black Adults by State, BRFSS, 2011-2013.[63]

racial, ethnic, and geographical locations, the obesity epidemic rates are negatively impacting a large percentage of the overall United States population, and clergy in particular.

[63] "Prevalence of Self-Reported Obesity Among Non-Hispanic White Adults by State and Territory, BRFSS, 2011-2013, accessed August 7, 2015, http://www.cdc.gov/obesity/data/table-non-hispanic-black.html.

Cardiovascular Disease

Another major health concern in the United States is heart disease. Here are some humbling statistics provided by the CDC.[64]

- About 610,000 people die of heart disease in the United States every year–that is one in every four deaths.
- In the United States, someone has a heart attack every forty-three seconds.
- Each minute, someone in the United States dies from a heart disease-related event.
- Heart disease is the leading cause of death for both men and women. More than half of the deaths due to heart disease in 2009 were men.
- Coronary heart disease is the most common type of heart disease, killing over 370,000 people annually.
- Heart disease is the leading cause of death for people of most racial/ethnic groups in the United States, including African Americans, Hispanics, and whites. For Asian Americans or Pacific Islanders and American Indians or Alaska natives, heart disease is second only to cancer.
- Coronary heart disease alone costs the United States $108.9 billion each year. This total includes the cost of health care services, medications, and lost productivity.

"Compared with other occupations, clergy have among the highest cause-specific mortality rates for cardiovascular disease."[65] The reason for this appears to be directly linked to the lifestyle habits of many clergy, which include having high-stress jobs, being physically inactive, and having poor dietary habits, which in turn are directly linked to clergy's higher rates of diabetes, higher cholesterol rates (in 2011, the National Center for Health Statistics found that clergy' cholesterol levels were almost twice the national

[64] "Heart Disease Facts," accessed August 7, 2015, http://www.cdc.gov/heartdisease/facts.html.

[65] Bopp, et al., "Leading Their Flocks to Health? Clergy Health and the Role of Clergy in Faith-Based Health Promotion Interventions," *Family Community Health* 36, no. 3 (July/September 2013):183.

estimate of 15, and lower fruit and vegetable consumption than the general United States population.[66]

These findings around heart disease are especially pertinent to CTS because the CDC observed that between 2008 and 2010 the death rates due to heart disease were highest in the South and lowest in the West. (See Figure 3). Since many of the students at CTS are originally from the South, it would be interesting to find out how many of them

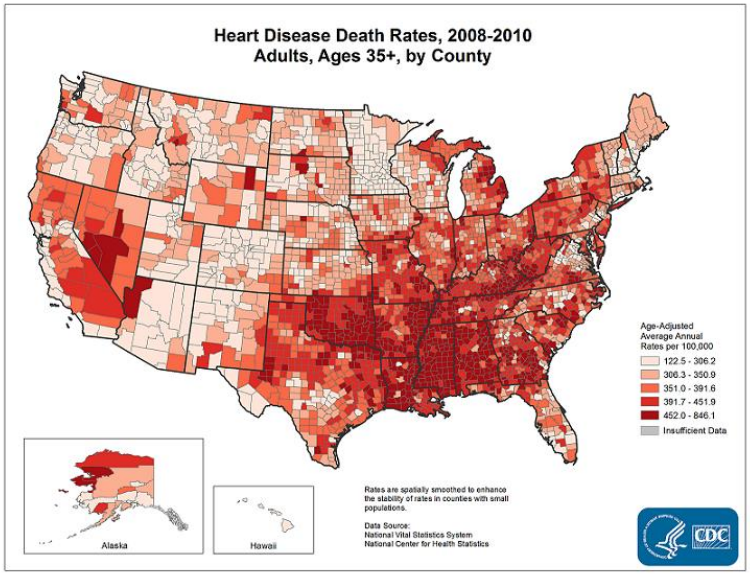

Figure 3. Heart Disease Death Rates, 2008-2010 Adults, Age 35+ (by County).

already have symptoms of heart disease (high blood pressure, cholesterol, etc.) as compared to students who come from other regions of the country (particularly the west coast).

Mental Health Issues

On the subject of mental health, research over the last several decades has found that the demands of the pastoral vocation generate a significant amount of stress and burn

[66] Ibid., 184.

out. According to a study done by the Clergy Health Initiative (CHI) at Duke Divinity School, "pastors often must serve simultaneously in numerous roles such as mentor, caregiver, preacher, leader, figurehead, disturbance handler, negotiator, administrator, manager, counselor, social worker, spiritual director, teacher, and leader in the local community."[67] I would add to the list of roles, based on personal experience and what I have observed, grounds crew and/or janitorial staff, fundraiser and/or "party planner," as well as webmaster/computer technician, among others.

The Duke study also points out that

> performing multiple roles can lead to various forms of role strain, since that requires clergy to assume the responsibilities of (and face the stresses inherent to) each type of work. Further, there are times when roles may conflict, as when a pastor must be both a friend and counselor. This can lead to stress and emotional exhaustion as clergy struggle to resolve the resulting ambiguities and strain.[68]

In addition to pastors serving multiple roles, pastors also face a number of other work-related stressors, including unpredictable work schedules with non-traditional hours, low financial compensation, lack of privacy for themselves and/or their families, pressures associated with frequent relocation, inadequate social support, criticism from church members and others, as well as long work hours.[69] National data from the Pulpit & Pew survey indicate that clergy work longer than the typical forty-hour work week; the

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[67] Clergy Health Initiative, "Overcoming the Challenges of Pastoral Work? Peer Support Groups and Mental Distress among United Methodist Church Clergy," accessed August 5, 2015, https://divinity.duke.edu/sites/divinity.duke..edu/files/documents/chi/OvercomingtheChallengesOfPastoralWorkpreprint-webversion.pdf.

[68] Clergy Health Initiative.

[69] Bopp, et al.; M. Morris and P. W. Blanton, "The Influence of Work-Related Stressors on Clergy Husbands and Their Wives," *Family Relations* 43, no. 2 (April 1994): 189-195; W. N. Grosch and D.C. Olsen, "Clergy Burnout: An Integrative Approach," *Journal of Clinical Psychology* 56, no. 5 (May 2005): 619-632.

median number of hours worked per week for clergy is reported to be forty-eight, regardless of denomination or full-/part-time status.[70]

High levels of stress and burnout are associated with higher rates of depression. S. M. Frenk, et al., who used The Clergy Occupational Distress Index, found that clergy who reported more occupational distress experienced more depressive symptoms.[71] Another study which investigated 358 parish-based clergy clearly reveals that burnout is associated with depressive symptoms and clergy dissatisfaction with their spiritual life.[72] According to the CHI study, the rate of depression among clergy was 8.7%, which is significantly higher than the 5.5% rate found in the national sample.[73]

While there is much more that could be said about stress and burnout and their relationship to depression, one encouraging note bears mention: the parish-based study previously mentioned discovered that participation in healthy lifestyle behaviors, such as regular exercise, was protective against the onset of burnout. The challenge for those involved in health promotion, however, is getting clergy to become more active since studies have shown that the rate of physical *inactivity* among clergy is higher than the general population of the United States.[74] In other words, one of the things that clergy

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[70] J. W. Carroll, *God's Potters* (Grand Rapids, MI: William B. Eerdmans Publishing Co., 2006).

[71] Bopp, et al.; S. M. Frenk, et al., "The Clergy Occupational Distress Index (CODI)," *Journal of Religious Health* 52, no. 2 (June 2013): 397-407. Background and findings from two samples of clergy published online ahead of print March 16, 2011.

[72] B. R. Doolittle, "The Impact of Behaviors Upon Burnout Among Parish-Based Clergy," *Journal of Religious Health* 49, no. 1 (March 2010): 88-95.

[73]Clergy Health Initiative, "Overcoming the Challenges of Pastoral Work? Peer Support Groups and Mental Distress Among United Methodist Church Clergy," accessed August 5, 2015. https://divinity.duke.edu/sites/divinity.duke.edu/files/documents/chi/OvercomingtheChallengesOfPastoralWorkpreprint-webversion.pdf,

[74] B. L. Webb, M. Bopp, and E.A. Fallon, "Correlates of Faith Leader Physical Activity Behavior," *Medical Science Sports Exercise* 43, no. 5 (Suppl/Summer 2011): 633.

could do to reduce the impact of stress and burnout is precisely what they are not doing—being physically active.

Stress and mental health are significant factors for students at CTS. Prior to the beginning of my formal research, many students had verbally expressed to me the high, and sometimes overwhelming, levels of stress they were facing. Additionally, a significant number of students said they were also struggling with anxiety, depression, and other mental health issues. Therefore, one of my goals for this project is to collect the actual data on stress levels and mental health concerns among students, so that these concerns can be dealt with in an appropriate and effective manner by the CTS administration and their partnering organizations.

Health of Seventh-Day Adventists Clergy versus Health of Clergy in Other Protestant Denominations

Before examining the theoretical framework for this project, I present the findings on one question for which I sought answers: Do Seventh-Day Adventist (SDA) clergy share the same health challenges as pastors in other Protestant denominations? Research indicates that not only SDAs are the healthiest Protestant denomination, the majority of SDAs are healthier than the general population of the United States.

According to the Adventist Health Studies, a series of long-term medical research projects of Loma Linda University, black and non-black SDA reported better physical and mental quality of life than the United States norm.[75] When SDAs were compared to

[75] "Adventist Religion and Health Study: 2006-Present," Loma Linda University of Public Health, accessed June 11, 2015, http://publichealth.llu.edu/adventist-health-studies/findings/findings-ahs-2/adventist-religion-and-health-study-2006-present.

other Californians, SDAs experienced lower rates of death for all cancers (60% of non-Adventist rates for SDA men, 75% for SDA women), lung cancer (21%), colorectal cancer (62%), breast cancer (85%), and coronary heart disease (66% for SDA men, 98% SDA women).[76] On average, SDA men and women living in California live 7.3 and 4.4 years longer, respectively, than other Californians.[77] They also report that cases of hypertension and diabetes were lower for black Adventists than comparable national rates for both blacks and non-blacks, which they report was "a noteworthy finding."[78]

The reason SDAs are healthier than the general public is because one of the basic tenets of Adventism is to take care of one's health in order to serve God and the community. The SDA national website states,

> The Seventh-day Adventist Church recognizes the autonomy of each individual and his or her God-given power of choice. Rather than mandating standards of behavior, Adventists call upon one another to live as positive examples of God's love and care.
>
> Part of that example includes taking care of our health—we believe God calls us to care for our bodies, treating them with the respect a divine creation deserves. Gluttony and excess, even of something good, can be detrimental to our health. Adventists believe the key to wellness lies in a life of balance and temperance. Nature creates a wealth of good things that lead to vibrant health. Pure water, fresh air and sunlight—when used appropriately—promote clean, healthy lives. Exercise and avoidance of harmful substances such as tobacco, alcohol and mind-altering substances lead to clear minds and wise choices. A well-balanced vegetarian diet that avoids the consumption of meat coupled with intake of

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[76] "Adventist Mortality Study:1958-1966," Loma Linda University of Public Health, accessed June 11, 2015, https://publichealth.llu.edu/adventist-health-studies/findings/findings-past-studies/mortality-studies-seventh-day-adventists.

[77] "Adventist Health Study-1: 1974-1988," Loma Linda University of Public Health, accessed June 11, 2015, https://publichealth.llu.edu/adventist-health-studies/findings/findings-past-studies/adventist-health-study-1-gathering-data.

[78] "Adventist Health Study-2: 2002-Present," Loma Linda University of Public Health accessed D June 11, 2015, http://publichealth.llu.edu/adventist-heatlh- studies/findings/findings-ahs-2.

> legumes, whole grains, nuts, fruits and vegetables, along with a source of vitamin B12, will promote vigorous health.
>
> Such health is a gift from a loving God who wants us to live life in its abundance. When we benefit from such love, we feel a sense of gratitude and appreciation toward our creator. Because of this, Adventists choose to praise God with joyful living.[79]

Based on what the research shows, many SDAs are adhering to their stated beliefs. The question then becomes, what about SDA clergy? Are they practicing what they are preaching? How does their health compare to that of other clergy and the United States population as a whole? What about SDA seminarians? How do they compare to other seminarians? As I was unable to find any studies or research done on SDA clergy or seminarians in the United States, I contacted the SDA's North American Division of Health Ministries by e-mail and posed these questions. They responded, "We do not have any studies done on our ministerial group as of now, but it's in the works."[80] Therefore, these questions remain unanswered.

Outside of the United States, I discovered a study done in Germany in 2010 which evaluated the differences in mental and physical health, work-related behavior and experience patterns, and the spiritual resources of Seventh-Day Adventist pastors compared to theology students at Friedensau Adventist University. As part of the study, comparisons were done between clergy and seminarians versus norm samples. Clergy were compared to men working in other vocations. Theology students were compared to young adults aged twenty-one to thirty, since the majority of the theology students fell

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[79] "Living a Healthy Life," Seventh-Day Adventist Church, accessed June 11, 2015, http://www.adventist.org/vitality/health/.

[80] Director of SDA's North American Division Health Ministries, e-mail received September 1, 2015.

within that age range. In the introduction to the study, the researchers write that "little is known about the health, well-being, and spirituality of theology students.[81] Thus, the lack of research as it relates to seminary students appears not to be unique to the United States.

Overall, the study found that, "compared to norm samples, the physical health scores of theology students and pastors were significantly higher, whereas the mental health scores were significantly lower."[82] Regarding physical health, the study considered such things as blood pressure, heart-rate, sickness-related absence, perception of general health, etc. This information was collected through a questionnaire and survey filled out by the participants. Although this is only one study, it appears that, at least in Germany, SDA clergy are physically healthier than the general population, which would then be consistent with SDAs versus the general population in the United States.

On the subject of mental health, the study reported that the main contributors to pastors' stress levels are multiple role demands, conflicts with or among members of the parish, disappointed expectations, the administrative work, lack of social support, the secularization of society, and aging of the parish. Thus, it appears that German SDA clergy are challenged by mental health issues similar to those that plague United States-based clergy. Overall, the study reported that "the results emphasize the need to teach theology students health promotion and effective coping strategies while at university,

[81] Thomas E. Voltmer, Christine Thomas, and Claudia Spahn, "Psychosocial Health and Spirituality of Theology Students and Pastors of the German Seventh-Day Adventist Church," *Review of Religious Research* 52, no. 3 (March 2011): 290.

[82] Voltmer, Thomas, and Spahn, 290.

and also to integrate these issues in the professional training of pastors."[83] I, too, believe this is the key to having healthy clergy—making sure they have the proper tools and resources they need prior to being called to their first church or place of ministry.

Part II: Theoretical Framework

Early Experiential Influences

I am approaching this research project from the perspective of someone who was born and raised in the heart of Silicon Valley (Cupertino, California). Both of my parents are of northern European descent and received college educations (all of their parents and siblings were also college educated). Both worked as computer programmers for the entirety of their professional careers. Thus, I grew up in an upper-middle class home.

Shortly before I was born, and still to this day, my family has been part of an active, socially and politically liberal PCUSA congregation, whose members are also upper-middle class. Since my immediate family was small (two parents, a brother who is six years younger than I am, and me) and none of my grandparents, aunts, or uncles lived nearby, the words my family often used to describe our relationship with the Presbyterian congregation was "extended family." One of the things I was taught at a very young age by my extended family and at home was the importance of living out my faith each and every day, primarily through my actions and interactions with others. Some of the activities that my church-family were involved with included taking in refugees (the church welcomed several Cambodian families in the late 1970s as well as other families throughout the years), feeding the hungry (through participating in the CROP walk every

[83] Ibid..

year, working and/or donating food to the local food bank), providing shelter for the homeless (even though that involved sometimes "heated" conversations with neighbors in the surrounding neighborhood and required approval by the city council), as well as tending to God's creation (recycling, being mindful of what we threw away, providing organic and fair-trade coffee during coffee hour on Sunday mornings, etc.). As a result, my church family instilled in me, starting at a very young age, that one of the most important things we are called to do as Christians is to take care of those around us (our church family, those in our communities, as well as God' creation). This core value was absolutely foundational in shaping who I have become and what I believe God has called me to do with my life.

Although I was taught to live out my faith through my actions (which generally implied some sort of "movement"), ironically, movement in the form of sports was generally not allowed to interfere with church activities, according to the rules established in my family. Yes, there were certainly times when I was frustrated that I could not participate in some of the sports activities that took place on Sunday mornings; however, because of the rules, I learned how to strike a balance between the two things that meant a tremendous amount to me—church and sports. Furthermore, I learned that, in creating the balance between the two, neither had to be "sacrificed" for the other; there was plenty of room for me to be a faithful Christian and excel in athletics.

For example, in high school, I was a member the girls' varsity soccer team. I was the only player on the team who had never participated in one of the "select" soccer teams (because those teams always played on Sunday mornings). This meant that all of

my soccer training growing up came from playing in the more casual recreational leagues.

When it came to striking a balance on the church side of the relationship, my parents did allow me to attend a once-a-month Olympic development camp for field hockey players that sometimes met on Sundays when I was a junior and senior in high school. They knew that I was trying to get a scholarship to college and attending the camp was my best chance at achieving my dream of becoming a college athlete. Further, they knew that even though I had to miss some of the Sunday activities, I was still a very active church member. I served on the church's governing board my junior and senior years in high school, and was a member of the Christian Education committee. Additionally, I volunteered to be the moderator of the youth subcommittee my senior year in high school.

Clearly, my involvement in sports did not take away from my being an active church member. Moreover, my dream of becoming a college athlete became a reality when I received an athletic scholarship to attend the University of California at Berkeley. (Without the athletic scholarship, I would not have been accepted.)[84] I was honored at the time and still am to this day, knowing that I would not be where I am now if I had not had the "privilege" to such an esteemed academic institution—and I do not use the word "privilege" lightly. Therefore, I have tried to use that gift to the best of my ability in the service of God and others.

[84] The acceptance rate for students applying to University of California at Berkeley my senior year in high school was between 20-25%. My grades were solid, but not good enough to compete against others academically.

Before reflecting on my seminary days and more recent experiences, there is one other dynamic from my younger years that deeply influenced my vocational calling. It was my struggle with being overweight as a youth. Members of my immediate family struggled with their weight, too, and that is a struggle that continues to this day. Even though I was active in sports growing up and became a college athlete, I still struggled with my weight from the time I was a young child through the middle of high school. It was not until I was in my mid-thirties that I really felt I was at a healthy weight for my height and build. How did I overcome this health challenge? Prayer, at times tears, becoming aware of how to make healthier food choices, and having the support and encouragement of my family and friends.

The most significant change in my weight and body composition happened during my freshmen year in high school. I finally came to the realization that I did not want to be fat anymore because it was unhealthy and I was tired of being teased. As a result, I became very intentional about increasing the amount of activity in my life, a goal for which I had the support of my family. I began jogging two to three times a week, and at least once a week my dad would come home early from work to go jogging with me. Further, when I asked my parents if I could join the YMCA so I could use the exercise equipment, parents paid for my YMCA membership during my junior and senior years in high school. I also shifted to a vegetarian nutritional plan between the end of eighth grade and my junior year in high school. From a spiritual standpoint, I started asking God to help me make better food choices and to be with me, especially when I did not feel like exercising. From an emotional standpoint, there were times when the experience was extremely painful, but one of the things that kept me motivated was when people at my

home church would tell me that they knew I was working hard to lose weight and that they could see that the work was paying off.

As a result of my own struggles with my weight and successes in making healthy changes in my life, I was profoundly interested in exercise and nutrition by the time I got to college. As a result, I graduated with a degree in exercise physiology. However, upon graduation, I was a bit hesitant about pursuing work in the health and fitness industry because I did not want to be associated with the stereotypical "meat-head" or "Barbie-type" personal trainers. At the time, I was convinced that God surely intended for me to do something other than that.

Indeed, God did have a plan for me to continue the church-sports balance I had learned growing up. God called me to work as a health and wellness director at a health club in San Francisco for thirty hours a week. And for ten hours a week, I served as the assistant to the pastor at an area church. The pastor of that church had been on staff at my home church from the time I was nine until she was called to a church in San Francisco while I was in college.

Working in a health club setting I had the opportunity to help club members of various ages, fitness levels, and with orthopedic/health challenges (such as Parkinson's disease, pregnancy, and osteoporosis) make positive changes to their overall health, which was very gratifying. Plus, as a staff member, I had a tremendous number of "perks" at my disposal—outdoor tennis courts and swimming pools, free tennis and swim lessons, free lunches on Fridays during the summer, and excellent continuing education opportunities. Further, my coworkers were easy to get along with, I got to set my own work schedule, and my work was not particularly stressful. However, I found that

working in a health club was not satisfying; it always felt like there was something missing. But what?

Working in the church, I had the opportunity to observe what it looked like to serve in the role of "pastor"— long hours, stress, multiple demands made by many people, loneliness. Eating lunch out was a good way to "escape" for a bit, and there was little time or energy for exercise. It was quite the education and provided me a stereotypical example of what it looks like to be a pastor.

In addition to observing the pastors through my part-time assistant job, I also volunteered for many hours of service at the church. All in all, I did not get paid very much (and I did not care) for working at the church, and at times the hours were long (due to all my volunteer work), and most of the things I was asked to do were not particularly challenging, but I absolutely loved the work. Needless to say, after working in the health club and church for three years, the pastor with whom I was working was not at all surprised when I told her that I thought God was calling me to seminary, even though it was a shock to me! Thus, I believe my experiences from early childhood through being called to seminary were pivotal in shaping my personal sense of call, while also informing my sense of urgency to find ways for the Church to faithfully respond to the "unhealthy" plaguing our society.

Seminary Influences

I began my studies at Princeton Theological Seminary (PTS) just days after September 11, 2001. I will never forget flying into the Newark, New Jersey, airport and witnessing one of the most beautiful sunsets (due to all of the air pollution from the

smoke still billowing from the rubble of the Twin Towers) I have ever seen. As the plane was preparing to land, I remember asking God what in the world was happening, and how I could possibly fulfill the role into which I was being called, particularly in light of what was happening around me?

Even though I was a bit hesitant about my pastoral vocation, I knew I was called to seminary. From the moment I set foot on the seminary grounds, I wanted to know how God intended for me to combine my passion for health (individual, communal, environmental) with the theological education on which I was embarking. Although I did not discern a clear answer to that question until years after I graduated from seminary, I used every opportunity I had while in seminary to explore the theological and biblical understanding of health (individual, communal, environmental), the body (mind, body, soul), and the importance of clergy self-care (particularly as it relates to congregational health), as well as other health-related concepts. I was absolutely enthralled by the study of these subjects.

The professor I identify as being most influential on me, vocationally, while at Princeton was Abigail Rian Evans in the pastoral care department. What I admired about her then, and now, is that she was an early pioneer of the health ministry movement. She founded and directed the National Capital Health Ministries program in Washington, DC from 1983 through 1991. She also served on the Clinton Health Care Task Force (1993). Her areas of expertise include such concentrations as bioethics, addiction prevention, spirituality and holistic health, aging, reproductive rights, health care reform, and a host of other health-related issues.

In the pastoral care class I took with Professor Evans, I was introduced to books and articles that made me keenly aware of the health issues that are impacting clergy (of which I was not aware prior to taking her class). She also provided some wonderful tools and resources that I was then able to use when establishing a health ministry program during my first call. The program subsequently became the foundation for this project and my overall vocation.[85]

In addition to taking the class with Professor Evans, I also had the opportunity to work with her outside the classroom setting. One of the projects she asked me to undertake as part of the Holistic Health Initiative then taking place on campus was the creation of a gym renovation proposal for the administration's consideration. The seminary gym, at the time, was in need of updating.

What thrilled me about the project was I not only was able to use my training in exercise physiology for the potential betterment of the seminary community, I also spent personal time with Professor Evans. Having this one-on-one experience with her gave me even more time to learn from her years of wisdom. And, although the project was not carried out while I was at Princeton due to other financial priorities, God was planting a seed for me to use in the years to come.[86]

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[85]The reading list consisted of Harold G. Koenig, *Is Religion Good for Your Health: The Effects of Religion on Physical and Mental Health* (New York, NY: The Haworth Pastoral Press,1997), G. Lloyd Rediger, *Fit to Be a Pastor: A Call to Physical, Mental, and Spiritual Fitness* (Louisville, KY: Westminster John Knox Press, 2000), and Larry Dossey, *Prayer Is Good Medicine: How to Reap the Healing Benefits of Prayer* (San Francisco, CA: HarperSanFrancisco,, 1997), as well as two of the books Professor Evans has written: Abigail Rian Evans, *Redeeming Marketplace Medicine: A Theology of Health Care* (Cleveland, OH: Publisher, 1999) and Abigail Rian Evans, *The Healing Church: Practical Programs for Health Ministries* (Cleveland, OH: United Church Press,, 1999).

[86] I submitted a gym proposal at CTS. This was almost exactly ten years after submitting my first proposal to PTS.

Current Influences

I was initially introduced to CTS through my involvement in its certificate in spiritual formation program (January 2007-May 2011), My relationship with CTS continued when in November 2011 I felt called to pursue the DMin degree in Christian Spirituality at CTS. In June 2012, while attending a DMin course, my husband was taking a one-week study leave from the church he was serving. We came to realize that CTS had a healthy sense of community. People genuinely cared about one another. However, we both observed the many unhealthy habits people were following (poor food choices, lack of exercise, not enough sleep, and difficulty with stress management, etc.) I even saw an empty diet pill bottle in the trash can, which, from my perspective as an exercise physiologist, caused great concern.

It was at that time we came to realize a couple key points through our interactions and observations at CTS. First, we were encouraged to discover that CTS already had some aspects of what it means to be healthy (a strong sense of community, some environmental initiatives starting to unfold, etc.). However, on an individual basis, people clearly needed the opportunity to explore how to make healthier choices for themselves and for the world around them. In other words, people on the CTS campus genuinely desire to become healthier; they just need some guidance.

These observations inspired my husband and me to start the Healthy Seminarians–Healthy Church Initiative (HSHC) in the summer of 2012. This led me to choose seminarian health as the research topic for my DMin project. What we have discovered since forming the HSHC is that not only are most seminaries not placing a significant emphasis on giving their students the tools and resources they need to be

healthy, there is very little research that has been done specifically on the health of seminarians.

As mentioned previously, I have found only one study that provides raw data on the health of seminarians at Drew, Duke, and Claremont. Although it is a small study, conducted by using an online survey, and only has first-year students as its research pool, it does provide a glimpse of the state of seminarian health. A brief overview of some of the key findings (this is the average of the three seminaries) follows. For the sake of comparison, I have included the same study's percentages for UMC clergy who were measured for the same health concerns:[87]

- Twenty-two percent of the seminarians (40% of UMC clergy) were considered obese[88]
- Thirty percent of the seminarians (39 % of UMC clergy) were considered overweight
- Nineteen percent of the seminarians (17% of UMC clergy) have been diagnosed with asthma
- Fourteen percent of the seminarians (51% of UMC clergy) have been diagnosed with high cholesterol
- Thirteen percent of the seminarians (28% of UMC clergy) have been diagnosed with arthritis/lupus/fibromyalgia/etc.
- Twelve percent of the seminarians (35% of UMC clergy) have been diagnosed with high blood pressure
- Seventeen percent of the seminarians (5% of UMC clergy) have experienced depressive symptoms
- Seminarians felt less socially connected to their family and friends than did UMC clergy

[87] "2013 Annual Seminary Student Health Survey," Versta Research, accessed October 23, 2015, http://www.gbophb.org/center-for-health/clergy-health-studies/.

[88] Based on body mass index (BMI) charts.

- Seminarians scored lower than UMC clergy on most measures of spiritual well-being
- Seminarians had higher levels of perceived stress than UMC clergy
- Seminarians felt more financial stress than UMC clergy
- Seminarians overall report being less physically active compared to UMC clergy
- Seminarians report getting less sleep than UMC clergy

Since this survey does not explore a comparison between seminarians, clergy, and the general population, and because it does not indicate the age of the participants, it is hard to make a statement about the physical health of the seminary students versus that of the UMC clergy as a whole or the general population. Overall, the seminary students had fewer ailments compared to UMC clergy (except for asthma). The difference is probably associated with the average age of seminarians as compared to that of the UMC clergy.

What this survey does show, however, and what should thus be of concern, is that seminarians reported more depressive symptoms and higher levels of perceived stress. They were also feeling less socially connected and reporting lower scores around their sense of spiritual-welling, as well as less exercise and sleep, than did the UMC clergy. As stated earlier in this paper, multiple studies have shown that clergy have higher rates of depression and exercise less than the general public. Additionally, clergy have reported that the demands of their job are exceedingly stressful and isolating. If seminarians have poorer scores in these areas than clergy, then these are some major red flags that need to be addressed!

In my experience of being a seminary student and having visited most of the PCUSA seminaries, as well as seminaries of several other denominations, I have

observed that many seminaries do provide some health-related services for their students. These include mental health services, access to gyms, group exercise classes, seasonal health awareness emphases, etc. However, these services and health-related opportunities often appear to be treated as auxiliary or of secondary importance, devalued, and/or marginal in terms of their value in a student's theological education.

When it comes to the type of health promotion resources that are available to seminary students, the Drew/Duke/Claremont study reported that only about one-third (39 %) of the students felt like seminary curricula encouraged health. However, 75 % of the students agreed somewhat or strongly with the statement, "I have access to the resources I need to be healthy." While these two statements could seem contradictory, I find them to be in line with my personal observation of seminaries—there are often resources available for students who are motivated to seek them out. If, however, the general ethos on campus does not promote health (i.e., if some sort of health education is not a part of the curriculum), it is unlikely that very many students will make attending to their health a priority.

Another study examined the kind of health promotional resources that were available to seminary students.[89] The researchers contacted all 220 seminaries in the United States approved by the Association of Theological Schools and asked them to complete a survey pertaining to the availability of health resources for seminary students. The survey included questions about on-campus smoking policies, food choices in vending machines, the activity friendliness of the campus, etc. Although only fifty-seven

[89] M. Bopp and M. Baruth, "Health Report for U.S. Seminary Schools: Are We Training Healthy Clergy?" *Journal of Christian Nursing* 31, no. 2 (April/June 2014): 108–111.

schools (26 %) responded to the survey, the study found that there is a relative lack of health promotion resources available to seminary students.[90] It is also important to note that the authors of this study concluded their report by stating that "seminaries serve as an important venue for educating future faith leaders and should be recognized as an invaluable partner for [health] intervention."[91] This finding affirms my primary supposition that seminaries need to be in the business of promoting health as part of their students' basic theological training.

A 2013 study by Bopp, et al., interviewed pastors from multiple denominations about the doctrine/philosophy of their church on health, their ecclesial body's support for health, and education and training on health.[92] They discovered that stewardship and holistic views on health were a part of their churches' doctrine. Yet, the majority of clergy reported minimal or no instruction on health during their education/training, even though they desired instruction on self-care in seminary school.

There are other articles that address the role that health and wellness should have in the theological education of seminarians. Three of those articles are "Pastoral Burnout: A View from the Seminary," "Healthy Living, Wholly Lives: Achieving Health at Seminary," and "Honoring the Body: Nurturing Wellness through Seminary Curriculum and Community Life."[93] Harbaugh and Rogers, authors of "Pastoral Burnout" and whose

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[90] Ibid.

[91] Bopp and Baruth, 108-111.

[92] M. Bopp, et al., "Clergy Perceptions of Denominational, Doctrine and Seminary School Support for Health and Wellness in Churches," *International Journal of Social Science Studies* 2, no. 1 (January 2014): 189-199.

[93] Gary L. Harbaugh and Evan Rogers, "Pastoral Burnout: A View From the Seminary," *The Journal of Pastoral Care* 38, no. 2 (June 1984): 99-106; Abigail Rian Evans, "Healthy Living, Wholly Lives: Achieving Health at Seminary," *The Princeton Seminary Bulletin* 21, no. 3 (2000): 324-342; Mary

study is more than thirty years old, focus on the effects of stress on seminarians, showing how stress is directly related to pastoral burnout. They write, "In their efforts more effectively and faithfully to prepare persons for the ministry, seminaries have an educational, psychological, and theological imperative to deal with stress from a (w)holistic perspective."[94]

In her article, Abigail Rian Evans suggests it is critical that seminary students be given the opportunity to understand and foster good health practices as part of their seminary education because that, in turn, will influence their lifelong patterns of healthy living when they are clergy. She writes,

> Equipping seminary communities to address personal and corporate health needs is important. We need a holistic approach to health as part of our training for future ministry. Our theological education should address the needs of body, mind, and spirit. . . . We need to have a vision of health, not only for ourselves, but for the church and her members. We need to understand the theological roots and resources for healthy living and wholly lives.[95]

Mary Chase-Ziolek echoes Evans. She states,

> Life-affirming practices introduced in seminaries—nourishing physical, mental, and spiritual well-being—can be key in helping new clergy thrive. In addition to learning the subjects undergirding ministry, seminaries need to begin learning a way of living that will sustain them as pastors. The churches they will serve need leaders equipped in care of both congregation and self so both pastor and ministries can flourish. Often minimized or ignored in curriculum and community life, a theologically grounded perspective on health and wellness is called for in seminary and education today.[96]

To which I say, "Amen!"

Chase-Ziolek, "Honoring the Body: Nurturing Wellness through Seminary Curriculum and Community Life," *Theological Education* 46, no. 1 (2010): 67-77.

[94] Harbaugh and Rogers, 106.

[95] Evans, "Healthy Living,"324.

[96] Chase-Ziolek, 67.

Of the small handful of other articles written about the health of seminarians (as opposed to the thousands that have been written about that of college students) or that mention the health of seminarians in light of the research being done on clergy, the general sentiment is that little is known about the health of seminarians and more research needs to be done.[97] These articles affirm my personal experiences and observations of seminaries: there appears to be a lack of health resources available for seminary students, and health promotion should have a greater role within the context of the seminary student's education.

Summary

I am approaching this project from the perspective of a Generation X, Caucasian female, who grew up privileged (upper middle class, college-educated family, parents still married, etc.), and who has been an active participant in various PCUSA churches my whole life. This means that I have contributed to the overall health of Church, both the good and the bad. Additionally, I have personally struggled with and overcome my own individual challenges with obesity. However, that does not mean my journey towards being healthy and whole is finished; it has only just begun. As a member of Christ's church, I believe that we are one body: "For in the one Spirit we were all baptized into one body—Jews or Greeks, slaves or free—and we were all made to drink of one Spirit. Indeed, the body does not consist of one member but of many. . . . If one

[97] Voltmer and Spahn, 290. For example, in the 2010 German study mentioned previously in this paper, it was noted that "little is known about the health, well-being, and spirituality of theology students," and "there is only limited evidence for the mental health state of theology students."

member suffers, all suffer together with it; if one member is honored, all rejoice together with it" (1 Cor 12: 13-14; 26).

Since I believe that the state of our own health is deeply interconnected with the health of those around us, I want nothing more than to help empower the Church to bring about the wholeness that God desires for all of our lives. For me, that starts with the training of seminarians, a realm in which I can readily use the life experiences and educational opportunities with which God has blessed me. Overall, the theoretical framework for my research is as deeply interwoven and interconnected as the health of an individual is within the context of community. What I am proposing involves a multifaceted conversation that is biblical, theological, experiential, and is attentive to the past, but also has an eye on what is currently taking place in the hope of helping to bring about a healthier future.

Part IV: Research Methodology

In conducting my research for this project, I employed the following methodology: 1) reviewed the research that has already been done on the topic, 2) created an anonymous online questionnaire for willing CTS seminarians to complete, and 3) sought the approval of the CTS Institutional Review Board committee so that, as a follow-up to the questionnaire, I could conduct one-on-one interviews with eighteen students.

Review of the Existing Research

Prior to reviewing the previously established research on seminarian health, I was already aware that there had been very little research completed on this topic. However,

once I really started to investigate the various online databases, I must confess that I was utterly amazed at how little I could find. Working with one of the CTS library staff, I kept my search as broad as I could, using such keywords as seminarian, seminary student, seminary, divinity school, health, healthy, holistic, holistic, wholeness, exercise, nutrition, stress, and obesity. Even with what I thought was a very broad search, I unfortunately found only a few articles (which I previously noted) that were pertinent to my research.

I then expanded my research to include articles on "clergy and health" in the hope that, within those articles, the authors would mention seminarians and perhaps the role that seminaries and/or churches should have in addressing matters of health from a theological and/or practical perspective. From this effort, I found hundreds of articles written on the health of clergy, some of which I reviewed for this project. I quickly came to realize, though, that I needed to contact the experts in the field if I was going to get anywhere with my research.

Therefore, my next step was to e-mail several of the authors who had done studies or written articles related to my topic. I contacted professors Abigail Rian Evans, Melissa Bopp, and Mary Chase-Ziolek. As a result of these communications, I was given the names of several more people to contact and a few more articles to read. Nevertheless, the overall amount of information and data I had was still quite small.

I also e-mailed the CHI, since that program has done extensive work with clergy. I thought the CHI might also have done some work with seminarians. And, I contacted the Health Ministries of the North American Division of Seventh-Day Adventists, since the Adventists have been involved in multiple health-related studies since the mid-1950s.

The CHI responded that it had not spent any time focusing on seminarians.[98] As for the Seventh-Day Adventists, they told me that they, too, had not undertaken any studies specific to clergy or seminarians.[99]

A third strategy I employed was to review all of the PCUSA seminary websites in order to gain a sense of the health-related programs, events, and/or activities they had available for their students. Then, as a follow-up to that, I contacted all of those seminaries through e-mail and/or by phone, asking if I could either send them a survey to complete online and/or if they would be willing to be interviewed over the phone. I thought that having this information would both give me a sense of what other seminaries are doing, and also make me aware of any research they had conducted on their own campuses. As a result of this effort, only Princeton Theological Seminary was willing to do an interview, and only one other seminary agreed to complete the online survey (though they never followed through on that agreement). This was frustrating, but provided some helpful insights, since, in the future, I would like to expand my research to other seminaries, and now know I will be facing quite a challenge!

Summary

Overall, I found fewer than ten articles that discussed or mentioned seminarian health within the context of researching clergy health issues.

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[98] "The Duke Endowment awards more than $57 million in grants," North Carolina Network of Grant Makers, accessed August 4, 2015. http://www.ncgrantmakers.org/news/129721/The-Duke-Endowment-awards-more-than-57-million-in-grants.html.

[99] Adventist Health Study 2 (ahs2@llu.edu), e-mail message to the author on August 19, 2015.

The Surveys

In this section, I provide a sample of the anonymous questionnaire I asked CTS Master's-level students to complete using the online tool Survey Monkey. The content of the survey was modeled after the PCUSA's Congregational Health Ministry Survey.[100] However, since I was working with a seminary community rather than within a congregational setting, and since the purpose of my survey was slightly different from the one designed by the PCUSA, I made a significant number of modifications to the PCUSA'S survey, including placing a greater emphasis on the individual respondents, an assessment of his/her interest in environmental health, and a larger concentration on health from both practical and theological perspectives (as opposed to the original survey's more faith-based perspective).

Regarding the timeframe, I made the survey available for students to complete at the beginning of July 2015, and closed the survey at the end of September 2015. I chose that window of time because during the summer months the workload for many of students is significantly less than during the school year and, based on my past experience of working with the students at CTS, I knew that I had very little time to get students to participate in the survey once the school year started.

To aid recruitment of participants, I had information about my project and survey included in the campus-wide weekly e-mail update for several weeks in July, as well as at the beginning of September. I asked several professors to encourage their students to fill out the survey, handed out flyers with information about my project to students entering

[100] Adapted from the Presbyterian Church (USA)'s Congregational Health Ministry Survey, accessed June 1, 2014, http://www.pcusa.org/health/usa/survey.htm.

the refectory (campus dining hall), and personally e-mailed some of the students whom I had gotten to know through my work with the Healthy Seminarian-Healthy Church Initiative. Further, in an attempt to increase participation, I chose to offer an incentive to those who completed the survey. They could request to be entered into a drawing for a prize, which included a $50 Amazon gift card, a gift card for a one-hour massage, three fitness consultation sessions, or three nutritional consultation sessions (the latter two of which would be with me). See Appendix B for the survey.

Conducting the Interviews

In order to conduct the interviews with the students, I had my project reviewed and approved by the CTS Institutional Review Board. My first objective was to create an interview that would last between thirty and forty-five minutes. This would be long enough for me to obtain some meaningful data, but short enough that the students would not be scared away by the time commitment.

I decided I wanted some of the questions I asked in the interview to mirror what I was asking in the survey. One reason for this was that I was curious to see if there would be a difference in the health status between the students who filled out the anonymous survey and those students who chose to speak with me in person. I was anticipating that the students being interviewed would probably enjoy greater health than those who filled out the anonymous survey. The other reason for doing this was that it was simply pragmatic. In the event I could not get enough students to fill out my survey, I would have enough data gathered through the interviews to be able to produce a report, albeit of lesser quality.

My other questions were formulated based on the knowledge I had gained through doing fitness and nutritional consultations with CTS seminarians over the previous three years, from my experience working in the health and wellness industry for over twelve years, and my desire to ask some of the questions that had not been covered in the previous research. For example, one of the questions I wanted to investigate was whether I could find a correlation between the seminarians' stress levels, amount of sleep, food choices, and exercise habits.

My goal in the participant recruitment process was to get four to five students from each class of the Master of Divinity (MDIV) program to agree to be interviewed. Since the MDiv program is a three-year program, this meant a total of twelve to fifteen students. In addition to having the first, second, and third year students represented, I also wanted to make sure that my interviewees reflected, to the best of my ability, the demographics of CTS (gender, age, ethnic identification, activity level, body type, and so forth).

From a practical perspective, I had to contend with the fact that I was trying to conduct the majority of the interviews during the summer; which meant that many of the students were not on campus due to summer church internships, CPE (clinical pastoral education), and summer vacations. Therefore, I recruited the majority of my students from a class that was being held during the summer. I received permission from the professor who taught the class to introduce my project at the beginning of the class. I then sent around a sign-up sheet immediately after my brief presentation. I also employed this same recruitment method during one of the new student orientation events at the

beginning of the new academic year. The rest of the students I recruited either by asking them in person to participate in the survey or through an e-mail invitation.

I conducted all of the interviews in the Healthy Seminarians—Healthy Church Initiative (HSHCI) office, which is located on the CTS campus. Prior to conducting the interview, I thanked the student for his/her willingness to participate in my project. I then gave the person an overview of the types of questions I was going to be asking, and I told the student that the interview was going to be recorded. I also assured each participant that all of the information shared with me would be kept confidential. I then followed up by asking if the student had any questions. Barring further questions, I asked the student to re-read the informed consent (I had given each participant a copy of the consent form prior to doing the interview) and sign the form. After each interview, I downloaded the recording onto a password-protected file on the computer in the HSHCI office and erased the recording. See Appendix A for the signed informed consent form for each participant and the questions I used to facilitate the conversation during the interviews.

Section Summary

By far the most challenging part of designing the interview was selecting the questions I wanted to ask. Since there has been so little research done on seminarians, I had a huge number of questions, but not the time to ask them all. At the same time, however, I also sensed that this project was most likely the pilot project for further research. Therefore, I cast my net fairly broadly.

Part 5: Results from the Surveys and Interviews

Survey Introduction

Between July and September 2015, I collected forty-five surveys, of which thirty-six (80 %) were complete.[101] My initial goal was to have only MDiv/dual degree students participate in my survey and interview process. However, when I realized that my initial requests had produced fewer participants than I had hoped, I opened up the survey to all Master's-level students. Therefore, my data includes information submitted by thirty-five MDiv/dual degree students, as well as five Master of Arts in Practical Theology (MAPT) degree students, three Master of Arts in Theological Studies (MATS) degree students, and one person who was auditing a class. This resulted in a 31% response rate from the MDiv/dual degree cohort and 29% from all Master's-level students at CTS.

While I would have preferred to stay with my initial plan of conducting research only on MDiv/dual degree students, in the end I was happy to gather as much data as I could on a variety of seminarians, regardless of the degree they are pursuing. In any case, the information I received from the MATS and MAPT students was very similar to the data I received from the MDiv/dual degree students, with the exception of the one student who was auditing a class, whose differences I will discuss in another section of this paper. My research data will be presented as follows:

[101] Of the nine surveys that were incomplete, two seminarians answered all but the last two questions, one seminarian filled in answers on two different surveys, only providing information about personal health on both surveys, three seminarians answered all of the personal health questions and some of the church/seminary oriented questions, and three seminarians answered most of the personal health questions, but omitted all of the church/seminary oriented questions. Additionally, three of the incomplete surveys were submitted by students who identified themselves as "East Asian or Asian." Since those persons did not answer all of the questions, this reduced the amount of data I could have collected for the ethnic demographic.

Section I.2 has the demographic information for the survey participants (age, gender, ethnicity, denominational affiliation, etc.) in comparison to all CTS Master's-level students.

Section I.3 has the overall health information of the survey participants (medical conditions, average hours of sleep, levels of stress, amount of physical activity, etc.) in comparison to the UMC seminarians and UMC clergy 2013 study where applicable.

Section I.4 provides information about matters of health as it relates to the participants' families as well as the communities and congregations in which they participate.

Section I.5 surveys the participants' beliefs about the role of health as it relates to their seminary education and vocational calling.

Participants Demographics

Question #1: What degree are you pursuing?

Comment: The majority of the participants were MDiv/Dual degree students.

Degree	Number of Responses	Percentage of Survey Responses
MDiv/Dual	36	80%
MAPT	5	11%
MATS	3	7%
Other	1	1%

Question #2: Anticipated graduation date?

Comment: The majority of the participants had already completed at least one year of their theological education. This fact may have to do with the particular student niche that was available at the time in which I was conducting the study.

Year of Graduation	Number of Responses	Percentage of Survey Responses
2016	11	24%
2017	23	51%

2018	6	13%
2019	3	7%
Other	2	4%

Question #3: Are you seeking ordination?

Comment: The majority of the participants are seeking to be ordained.

	Number of Responses	**Survey**
Yes	30	66.7%
No	9	20.0%
Undecided	6	13.3%

Question #4: What is your denominational affiliation?

Comment: The majority of the participants were Presbyterian.

	Number of Responses	**Survey Participants**	**CTS (All Master's Students)**
PC(USA)/Presbyterian	34	75.5%	57%
Non-denominational	2	4.4%	7%
Baptist	2	4.4%	6%
Episcopalian	2	4.4%	3%
Methodist, ECLA, Pentecostal, AME, Church of God, etc.	5 (1 each)	11%	7%

Question #5: What are your vocational goals?

Comment: Although participants were allowed to select more than one possible answer, the majority of the participants expressed an interest in serving as a pastor in a church or as a chaplain.

	Number of Responses	**Percentage of Survey Responses**
Serve as a pastor in a church	24	53%

Chaplain (college, military, prison, hospital)	21	47%
Non-profit/community activist	15	33%
Professor/academics/education	11	24%
Urban ministry	9	20%
Missionary	6	13%
Other (Christian Ed., Youth Ministry, etc.)	5	11%

Question #6: Gender

Comment: More than twice as many women as men participated in the survey. Although CTS does have more females than male students enrolled, this survey does have an over representation of females.

	Number of Responses	**Percentage of Survey Responses**	**CTS (All Master's Students)**
Female	31	69%	55%
Male	14	31%	45%

Question #7: Which of the following best represents your racial or ethnic heritage?

Comment: There was a greater percentage of Non-Hispanic White/Euro-American students and a smaller percentage of Black/Afro-Caribbean/African American than is represented in CTS' student body.

	Number of Responses	**Percentage of Survey Responses**	**CTS (All Master's Students)**
Non-Hispanic White/Euro-American	31	69%	49%
Black/Afro-Caribbean/African American	6	13%	21%
East Asian/Asian American	5	11%	11%
Multiracial/ Latino/Hispanic American	3	7%	4%

Question #8: Age

Comment: Almost half of the survey participants were between the ages of 20 - 29 years old. The median age for all CTS Master's students is approximately 34.5 years old. Therefore, the survey has an overrepresentation of the younger students and an underrepresentation from those students in their thirties and forties.

	Number of Responses	**Percentage of Survey Responses**	**CTS (All Master's Students)**
20 to 29	22	49%	28%
30 to 39	13	29%	36%
40 to 49	2	4%	17%
50 to 59	7	16%	14%
60 to 69	1	2%	3%
70 and up	0	0%	1%

Medical Conditions

Question #11: Have you ever been diagnosed with any of the following conditions?

Comments: *Although it appears as though CTS seminarians have lower rates of obesity than the average of UMC seminarians, the questions in this section were self-reported. Based on CTS students' BMI levels, which I calculated using their self-reported height and weight, the percent of students who are obese is actually 25%, which is slightly higher than the UMC seminarians.

CTS seminarians impacted by high blood pressure and high cholesterol are similar to UMC seminary students.[102]

CTS seminarians reported lower levels of depression than UMC seminarians. However, my survey asked the seminarians if they had **ever** been diagnosed with depression, whereas the UMC seminarians report is based on the seminarians' response to the Patient Health Questionnaire (PHQ-9) that measures frequency of depressive symptoms during the two weeks prior to taking the survey. Therefore, doing such a comparison between the two may be inaccurate (apples and oranges).

[102] Since the number of participants who filled out my survey is fairly small, that means from a statistical standpoint that if the CTS students are within several percentage points of the UMC seminarians, the findings are similar.

CTS seminarians reported lower rates of arthritis, autoimmune disease, and asthma than UMC seminarians and UMC clergy.

In comparison to the UMC clergy, CTS and UMC seminarians had significantly lower rates of obesity, blood pressure, and cholesterol and higher rates of depression. Since obesity rates, blood pressure, and cholesterol tend to increase with age, the data are not surprising. As for the difference in the depression rates, even though I used a different scale for measuring depression, I think that, since there is a fairly sizable difference between CTS seminarians and UMC clergy (11% versus 5%), this is significant and warrants future research.

Past and/or Current Medical Conditions	**CTS 2015**	**UMC Seminarians 2013**	**UMC Clergy 2013**
Obesity (40+ lbs. over ideal weight)	16%	22%	40%
Anxiety	16%	NA	NA
High Blood Pressure	13%	12%	35%
High Cholesterol	11%	14%	51%
Depression	11%	17%	5%
Diabetes	0%	0%	13%
Arthritis, Autoimmune disease, etc.	9%	13%	28%
Asthma	7%	19%	17%
Cancer	0%	NA	NA
Migraines	4%	NA	NA
Eating Disorder	2%	NA	NA
Sleep Apnea	2%	NA	NA
Kidney Stones	2%	NA	NA
Scoliosis	2%	NA	NA
Heart Attack	0%	0.0%	3%
Stroke	0%	0.0%	1%
None of the above	51%	NA	NA

NA = not available

Question #12: In the past year have you seen any of the following?

Comments: The majority of the participants have visited a primary care provider in the past year, while only a third has visited either a mental health provider and/or spiritual health professional.

Approximately one in six participants have not sought professional physical, mental, or spiritual help over the past year.

	CTS 2015
Primary care provider (physician, nurse practitioner, or physician assistant)	77.8%
Mental health provider (psychiatrist, psychologist, pastoral counselor, or other licensed therapist)	31.1%
Spiritual health professional (spiritual director, coach, counselor, organized spiritual retreat, etc.)	33.3%
None of the above	15.6%

Question #13: Overall, how do you feel today?

Comments: The majority of the CTS seminarians reported that they either felt very good or excellent and no one reported that he or she felt poorly. In comparison to UMC seminarians and clergy, the percentage of CTS seminarians who reported that they felt excellent was similar to the other two groups. The percentage of CTS seminarians who reported that they felt very good was higher than the UMC seminarians, but lower than the UMC clergy. Both groups of seminarians had more participants report that they only felt okay in comparison to the UMC clergy.

	CTS 2015	**UMC[103] Seminarians 2013**	**UMC Clergy 2013[104]**
Excellent	20.0%	19%	17%
Very Good	42.2%	36%	50%
Good	24.4%	33%	28%
Okay	13.3%	12%	4%
Poor	0%	1%	<1%

[103] This study asked, "In general, would you say your current health is:"

[104] See comment Question 13.

BMI (Body Mass Index)[105]

Comments: The BMI rates of CTS and UMC seminarians were fairly similar. CTS and UMC seminarians had lower percentages of individuals who were classified as obese and a higher percentage of individuals who were considered to be at normal weight in comparison to UMC clergy.

	CTS 2015	**UMC Seminarians 2013**	**UMC Clergy 2013**
Obese	25%	22%	40%
Overweight	32%	30%	39%
Normal Weight	41%	47%	21%
Underweight	2%	1%	<1%

Question #15 Are you currently exercising?

Comments: The vast majority of the participants indicated that they were currently exercising. The most common forms of exercise were walking, running, and strength training. As to frequency, there were not specific parameters set. Therefore, that information was provided by only some of the participants, and it varied considerably (1x/week to every day). For those who are not currently exercising, the most common answers were: too busy, no time, and class schedule.

Answer:	**Number of Responses**	**Percentage of Survey Responses**
Yes	36	84%
No	7	16%

Question #16: Do you have a hard time sticking with an exercise program?

Comments: Two-thirds of the participants reported that they have a hard time sticking with an exercise program. The most common reasons for quitting were: time and/or other priorities (school, work, family), lack of accountability, and loss of interest/got bored.

[105] I calculated the CTS Students BMI rates using their answers to questions 9 & 10, which asked for their current height and weight.

Answer:	Number of Responses	Percentage of Survey Responses
Yes	29	67%
No	14	33%

Question #17: Are you currently trying to lose weight?

Comment: Almost two-thirds of the participants are trying to lose weight.

Answer:	Number of Responses	Percentage of Survey Responses
Yes	27	63%
No	16	37%

Question #18: If you are currently trying to lose weight, please indicate the following:

Comments: The median weight loss goal was 15 to 20 lbs. All but one of the participants said that they were willing to make a nutritional lifestyle change. Almost half of the participants who are trying to lose weight indicated that they had never followed a nutritional plan or "diet."

	Number of Responses	Summary[106]
How much weight you are trying to lose?	27	2, 2, 3-4, 5, 5-10, 5-10, 5-10, 10, 10-15, 10-15, 10-15, 15, 15, 15-20, 20, 20, 20, 20, 25, 25, 25, 40, 40, 40, 40, 75, 100.
Are you willing to adopt a nutritional lifestyle change to achieve your goal? (Yes/No)	26 Yes 1 No	
Is there a nutritional plan or "diet" you have tried in the past that was successful (even for a short period of time)? Please explain.	14 yes	Of those who responded "yes," the most common response was "calorie restriction." Commercial plans mentioned: Paleo, Jenny Craig, Dr. Anne, and Glycemic Index Diet.
	12 no	

[106] The numbers indicate how much weight, in pounds, each participant indicated he or she would like to lose.

Question #19: Do you currently use tobacco (cigarettes, cigars, pipe, chew, dip, snuff)?

Comments: The vast majority of the participants are currently not using any tobacco products. Of those who are currently using tobacco products, three indicated that they smoke cigars and the other participant did not provide an answer.

Answer:	Number of Responses	Percentage of Survey Responses
Yes	4	9%
No	40	93%

Question #20: Have you ever used tobacco (cigarettes, cigars, pipe, chew, dip, snuff)?

Comments: Almost three quarters of the participants have never used tobacco products. Those who had used tobacco indicated that they had smoked cigarettes, cigars, and chew. Most of the answers did not indicate how much, since that question was not specifically asked.

Answer:	Number of Responses	Percentage of Survey Responses
Yes	12	28%
No	31	72%

Question #21: Do you drink alcohol? If yes, how many drinks/week?

Comments: Approximately three quarters of the participants reported that they drink alcoholic beverages. As for quantity, the median response was 1 to 2 drinks/week. On the low end of the scale, there were several participants who said they almost never drink (less than 1 drink/month); on the higher end of the scale, there were several participants who indicated that they consume 10+ drinks/week.

Answer:	Number of Responses	Percentage of Survey Responses
Yes	31	72%
No	12	28%

Question 22: Please indicate your current stress level: (1 = low to 10 = high)

Comment: CTS seminarians reported moderate levels of stress, with school stress being higher than personal and/or work stress.

	CTS 2015
Personal Life	4.7
School	6.2
Work (if applicable)	4.8

Question #23: How many hours of sleep (on average) do you get each night?

Comments: CTS seminarians get slightly more hours of sleep per night than the UMC seminarians. CTS and UMC seminarians get less sleep per night than the UMC clergy.

	CTS 2015	**UMC Seminarians 2013**	**UMC Clergy 2013**
Average hours/night	6.9	6.7	7.1

Section I.4: Health in Family, Community, and Church

Question #24: What health and medical problems are impacting your family, congregation, and community?

Comment: Although the obesity rate in the United States is increasing and is getting extensive media coverage, only one third of the participants indicated that it was a problem in their family, congregation, and/or community. Even though anxiety, stress, and depression were listed among the top concerns, less than a third of the participants stated that there was a need for personal counseling in their family, congregation, and/or community.

Top concerns of the forty-two responses	**Number of Responses**	**Percentage of Survey Responses**
Anxiety	27	64%
Problems with Stress	25	60%
Poor Health Habits	25	60%

Depression	21	50%
Financial Problems	21	50%
Need for Spiritual Renewal and Focus	20	48%

Question #25: Which of the following community health issues are you most concerned about?

Comment: Inadequate health promotion/illness prevention programs were participants' largest community health concerns.

Top three concerns among the forty-two responses	Number of Responses	Percentage of Survey Responses
Inadequate Health Promotion/Illness Prevention Programs	21	50%
Substandard Housing or Homelessness	19	45%
Difficulty Getting to Medical Services	18	43%

Question #26: Which of the following environmental health issues are you most concerned about?

Comment: At least half of the participants were concerned about climate change, waste, consumerism, and food safety.

Top five concerns	Number of Responses	Percentage of Survey Responses
Climate Change	22	52%
Waste (food packaging, e-waste, improper dumping, etc.)	22	52%
Consumerism, over-consumption, and their effect on the planet	21	50%
Food safety concerns (GMO, food poisoning, etc.)	21	50%
Ecosystem destruction	17	40%

Question #27: How much interest do you have in learning more about and taking some active steps to improve health on each of these issues?

Comments: Participants were most interested in learning more about and improving individual health. Overall, the majority of the participants had either significant interest in, or were at least somewhat interested in, improving the health of individuals, families, congregations, communities, and the environment.

	Significant Interest	Some Interest	No Interest
Individual Health	64%	29%	7%
Family Health	52%	41%	7%
Congregational Health	52%	38%	10%
Health in Community	40%	55%	5%
Environmental Health	48%	43%	10%

Question #28: When you were growing up, did your family emphasize healthy habits (healthy eating, exercise, getting enough sleep, etc.)?

Comments: Two-thirds of the participants said that healthy habits were emphasized in their homes when they were growing up. Of the twenty-eight who responded yes to this question, twenty-five said that healthy eating was encouraged, eighteen said that exercise was promoted, and fourteen said sleep was important. Of those who responded 'no,' the primary reasons given were parents didn't have the time or energy, it was too expensive, and/or it was not on their parents' radar screens.

	Number of Responses	Percentage of Survey Responses
Yes	28	67%
No	14	33%

Question #29: Did you attend church when you were growing up (prior to college)?

Comment: All but three of the participants attended church when they were growing up.

	Number of Responses	Percentage of Survey Responses
Yes	39	93%
No	3	7%

Question #30: When you were growing up, did your congregation(s) (in worship, sermons, classes, and meetings) address matters of health (physical, emotional/mental, spiritual, social/relational, and environmental) from a practical standpoint?

Comment: More than three-quarters of the congregations that participants attended growing up did not address matters of health from a practical perspective.

	Number of Responses	Percentage of Survey Responses
Yes	8	21%
No	31	79%

Questions #31-36: If matters of health were addressed in your congregation(s) growing up, how frequently and what was taught from a practical perspective?

Comment: Of those who responded yes to the question above (eight people), emotional/mental health was emphasized the most in their congregations and physical health was emphasized the least. In terms of what was taught, almost nothing was offered about physical health (one person said that "your body is a temple," and another person mentioned that running/Bible groups were started). As for emotional/mental health, participants were taught about how to deal with anxiety and depression from a Christian perspective, that counseling was available, and the importance of "knowing thyself." Spiritual health teachings focused on spiritual disciplines, small groups, and building a relationship with God through prayer and Bible study. One participant mentioned that, growing up in the evangelical tradition, they "learned plenty about the effects of sin on our spiritual and mental health." As for social/relational health, the focus was mostly on fellowship, but overall, not much was taught. Environmental health teachings consisted of creating environmental committees, implementing "green practices," and some clean-up projects. However, one participant said that environmental health was probably emphasized the most in their congregation in comparison to the other health issues. This person mentioned hearing about a faith and science sermon series.

	Not Emphasized	Weekly	Monthly	Couple of Times/Year	Annually
Physical Health	57% (4)	-----	-----	43% (3)	-----
Emotional/Mental Health	14% (1)	29% (2)	-----	57% (4)	-----
Spiritual Health	-----	43% (3)	14% (1)	43% (3)	-----

Social/Relational Health	-----	29% (2)	29% (2)	43%(3)	-----
Environmental Health	29%	-----	29% (2)	29% (1)	-----

Question #37: If your congregation(s) did not address matters of health (physical, emotional/mental, spiritual, social/relational, and environmental) from a practical standpoint (in worship, sermons, classes, and meetings) when you were growing up, why do you think they did not?

Comments: Of the reasons stated for why the participants' congregation(s) did not address matters of health from a practical standpoint when they were growing up, twelve people said that matters of health were not the concern of the church and/or other issues were more important, four people said that it was not an issue in the past and/or not a part of the overall cultural practice(s), four people expressed that they had no idea why, and three people said that there was a lack of knowledge and/or training.

Question #38: Growing up, did your congregation(s) (in worship, sermons, classes, and meetings) address matters of health (physical, emotional/mental, spiritual, social/relational, and environmental) from a theological standpoint?

Comment: Almost two-thirds of the congregations that participants attended growing up did not address matters of health from a theological perspective.

	Number of Responses	**Percentage of Survey Responses**
Yes	14	37%
No	24	63%

Question #39-44: If matters of health were addressed in your congregation(s) growing up, how frequently and what was taught from a theological perspective?

Comments: Of those who responded yes to the question above (eleven people), spiritual health was emphasized the most from a theological perspective in their congregations and physical health was emphasized the least.
In terms of spiritual health, the emphasis was on the importance of scripture reading, prayer, small groups, the doctrine of sin, and how to have a relationship with Jesus. As for physical health, the only thing mentioned was a sex education workshop in youth group. For emotional/mental health, one person stated the importance of inner self awareness and appreciation. Another person said forgiveness, boundaries, confession, and repentance.

The primary subjects that people were taught in terms of social/relational health were topics about sex and marriage as well as the importance of being in community, which Jesus demonstrated well. Theological teachings about environmental health primarily came in the form of creation care sermons.

	Not Emphasized	Weekly	Monthly	Couple of Times/Year	Annually
Physical Health	82% (9)	-----	-----	18% (2)	-----
Emotional/Mental Health	64% (7)	18% (2)	-----	18% (2)	-----
Spiritual Health	9% (1)	45% (5)	18% (2)	27% (3)	-----
Social/Relational Health	18% (2)	18% (2)	36% (4)	27%(3)	-----
Environmental Health	45% (5)	9% (1)	-----	45% (5)	-----

Question #45: If your congregation(s) did not address matters of health (physical, emotional/mental, spiritual, social/relational, and environmental) from a theological standpoint (in worship, sermons, classes, and meetings) when you were growing up, why do you think they did not?

Comments: Of the reasons stated for why the participants' congregation(s) did not address matters of health from a theological perspective when they were growing up, their answers were similar to question #37. Nine people said that matters of health were not the concern of the church and/or other issues were more important, five people said that it was not an issue in the past and/or not a part of the overall cultural practice(s), three people expressed that they had no ideas why, and one person said that "it was not what the congregation wanted to hear."

Role of Seminary and Vocational Calling

Question #46: Do you think seminaries should actively address personal health issues as part of your theological education?

Comment: All but three of the participants think that seminaries should address personal health issues as part of one's theological education.

	Number of Responses	Percentage of Survey Responses
Yes	35	92%
No	3	8%

Question #47: If yes, are there any specific health related activities you would like to see offered at your seminary?

Comments: The participants are interested in physical, mental/emotional, spiritual, financial, communal, and environmental health-related activities. Four out of the nine activities listed are physical-health oriented.

Top Five Choices	Number of Responses	Percentage of Survey Responses
#1 (tied) Nutritional consultations	27	77%
#1 (tied) Financial health seminars	27	77%
#2 Stress management seminars	25	71%
#3 Services of prayer and healing	24	69%
#4 (tied) Healthy cooking demonstrations	23	65%
#4 (tied) Support for persons with mental illness	23	65%
#5 (tied) Fitness consultations	21	60%
#5 (tied) Gardening/sustainable living classes	21	60%
#5 (tied) Walking groups	21	60%

Question #48: If you think seminaries should not actively address personal health issues as part of your theological education, please explain why.

Comment: Of the three participants who answered this question in the negative, the only participant who offered an absolute "No" was someone auditing a class who did not identify him or herself as being enrolled at CTS as a Master's-level student.

Here are the responses from the three participants:

"As a necessity, no. This is not to say absolutely not, but I think this is a large enough public concern at the moment."

"I am ambivalent about this question, but that was not an option."

"I think that falls outside of the academic arena." (This is the comment from the person auditing the class.)

Question #49: In your planned vocation, do you intend to address matters of health?

Comment: All but five of the participants said that they plan to address matters of health in their planned vocation.

	Number of Responses	Percentage of Survey Responses
Yes	33	87%
No	5	13%

Question #50: If yes, what do you think your primary area(s) of concentration will be?

Comments: The participants are interested in addressing spiritual, environmental, physical, and mental/emotional health related issues in their planned vocation. Focusing on spiritual health was by far the most popular area of interest.

Top 3 choices	Number of Responses	Percentage of Survey Responses
Spiritual Health	11	33%
Environmental/ Sustainability issues	5	15%
Exercise	4	12%
Mental Health	4	12%

Question #51: If you do not intend to address matters of health in your planned vocation, please explain why.

Comment: The primarily reasons given by the participants are that issues of health did not fall within what he or she feels they are being called to do and/or it was not a concern for the person right now.

Here are the responses from the five participants who answered in the negative:

"Not one of my top concerns."

"Prison chaplaincy is very too specific."

"I don't have any health issues right now. Second, I am not well rehearsed in fitness and wellness."

"I don't plan to focus on it, but to consider it."

"It's not a part of what I do."

Question #52: Is there anything else you would like to share with us?

Comment: Here are responses several participants shared in the survey:

> "I believe this survey has and will be beneficial to many."
>
> "I'm grateful that there are people thinking theologically about issues of health. We neglect this often in the church and therefore neglect our calling to care for our communities in real ways."
>
> "I hope this brings great results and ways to institute small, immediate but needed changes to seminaries!"
>
> "Thank you for doing this, until now I did not even think that health matters can be related to theology."

Section Summary

Overall, I was pleased with the number of participants who responded to the survey, as well as the demographic diversity they represented. In general, the survey results revealed that CTS seminarians are facing health challenges similar to those of clergy when it comes to obesity rates, blood pressure, cholesterol, and mental health issues. Sixty-two percent of the seminarians reported that they felt "excellent" or "very good," even though many of them had one or more health issue. Studies on clergy have shown similar results, suggesting a disconnect between their actual and perceived level of health. Ninety percent of the participants reported that they are physically active, but 67% said that they have a hard time sticking to an exercise program. Sixty-three of the participants are trying to lose weight, with the median desired weight loss being between fifteen and twenty pounds. All but one of those participants indicated that they were willing to make nutritional and/or lifestyle changes in order to achieve their weight loss goal.

As for levels of stress and hours of sleep per night, the participants reported moderate levels of stress, with school stress being higher than personal and/or work stress, and on average, the participants get 6.9 hours of sleep per night, which was only slightly less than what the UMC clergy reported.

When the participants were asked about their church experience growing up, 93% of them reported that they had regularly attended church. As for whether or not their churches addressed matters of health (physical, emotional/mental, spiritual, social/relational, and environmental) from a theological or practical standpoint, 63% of the participants reported that their congregations did not address matters of health from a theological perspective, and 79% of the participants reported that their congregations did not address matters of health from a practical perspective.

As for whether or not seminaries should actively address personal health issues as part of students' theological education, 92% of the participants believe it should be. This is a finding to which seminaries should pay serious attention! Furthermore, the majority of the participants either had "a lot of interest" or was at least "somewhat interested" in learning more about and/or actively working towards improving their own health, as well as the health of the world around them (families, congregations, communities, and the environment).

When participants were asked whether or not they were intending to address matters of health in their vocational calling, 87% of participants said that they were planning to do so, with spiritual health being the most popular area of interest. However, the participants were also interested in addressing environmental, physical, and mental/emotional health issues in their planned vocation.

Overall, the seminarians are facing health challenges similar to those clergy face, and the majority of congregations that they grew up in did not address matters of health from theological or practical perspectives. However, just as the secular culture around us is changing, the seminarians seem to recognize the role that both theological institutions as well as congregations should play in responding to the health concerns that are challenging us at individual, communal, and environmental levels.

Interview Results

Introduction

Many of the questions I asked during the interviews mirrored and expanded on what I asked in the surveys. There were also some questions I asked in the interviews that, due to the sheer amount of data I have gathered in this project, cannot possibly be reported here. In this section, I provide the demographics for those who I interviewed, as well as some direct quotes from several answers to the questions I asked in the interview, which I did not have the opportunity to explore as fully in the survey, but which are highly pertinent to my overall project. These include 1) messages about health that the participants received growing up, 2) the participant's current view of his or her body, 3) the reasoning for those who think seminaries should address matters of health from a theological and/or practical perspective (I did not ask why in the survey), 4) if the interviewee thought that seminaries should actively address personal health issues as part of one's theological education, I asked the interviewee what they imagined that looked like, which is broader than what I asked in the survey, and 5) what aspects of health they were planning to cover in their vocation, since all of the interviewees said that addressing

matters of health was an important part of his or her vocational calling.

As with the survey, I invited non-MDiv/Dual degree students to participate in the interview process. I was concerned about obtaining as much data as I could, but I discovered early in the recruiting process for interviews that students were readily volunteering, even though this meant sharing a great deal about their personal selves with me, whereas the anonymous online survey, which is far less intrusive, was being ignored. This is something that I certainly did not expect and will keep in mind when designing and conducting future research.

My goal was to interview fifteen students, but I ended up conducting seventeen interviews. Because I had two extra students who had volunteered to be interviewed, I did not want to miss the chance to hear what they were willing to share with me. In fact, if I had had more time, I could have easily done five or ten more interviews, as I had students tell me that they would be happy to help me with my research project.

I also acknowledge that fourteen of the seventeen participants self-selected to participate in the interview, which means that my results may have a bias towards those who have an interest in health as it pertains to them as students and as future clergy. However, I did not notice any appreciable difference in the responses between the fourteen volunteers and the three non-volunteers. Therefore, despite the self-selecting character of the interview pool, I believe that what they shared with me provides a solid foundation for future research.

Demographics of the Interviewees

The basic demographic information for the seventeen students interviewed for this project follows:

What degree are you pursuing?

Comment: A higher percentage of MDiv/Dual students participated in the interview than in the survey.

	Number of Responses	Percentage of Interview Responses	Percentage of Survey Responses
MDiv/Dual	16	94%	80%
MAPT	1	6%	11%
MATS	0	0	7%
Other	0	0	1%

Anticipated graduation date?

Comment: There was a lower percentage of graduating seniors and a higher number of first-year students who participated in the interview than the survey.

	Number of Responses	Percentage of Interview Responses	Percentage of Survey Responses
2016	2	12%	24%
2017	10	59%	51%
2018	5	29%	13%
2019	0	0%	7%
Other	0	0%	4%

Are you seeking ordination?

Comment: A higher percentage of those interviewed are seeking ordination than those who participated in the survey.

Are you seeking ordination?	Number of Responses	Percentage of Interview Responses	Percentage of Survey Responses
Yes	13	76%	66.7%
No	3	18%	20.0%
Undecided	1	6%	13.3%

Vocational Goals?

Comment: A higher percentage of the interviewees are seeking to serve in a church and fewer of them are seeking to be chaplains, work for a non-profit, or be a professor/educator than those who completed the survey.

	Number of Responses	Percentage of Interview Responses	Percentage of Survey Responses
Serve as a pastor in a church	11	64%	53%
Chaplain (college, military, prison, hospital)	6	35%	47%
Non-profit/community activist	3	18%	33%
Professor/academics/education	1	6%	24%

Urban ministry	0	0%	20%
Missionary	0	0%	13%
Other (Christian Ed., Youth Ministry, etc.)	2	12%	11%

Gender?

Comment: The ratio of females to males was about the same between the interview and the survey.

	Number of Responses	**Percentage of Interview Responses**	**Percentage of Survey Responses**
Female	11	65%	69%
Male	6	35%	31%

Which of the following best represents your racial or ethnic heritage?

Comment: The racial representation of those who participated in the interview is closer to the overall CTS student body than those who participated in the survey.

	Number of Responses	**Percentage of Interview Responses**	**Percentage of Survey Responses**	**CTS (All Master's Students)**
Non-Hispanic White/Euro-American	9	53%	69%	49%
Black/Afro-Caribbean/African American	5	29%	13%	21%
East Asian/Asian American	2	12%	11%	11%
Multiracial/ Latino/Hispanic American	1	6%	7%	4%

Age?

Comment: There was a higher number of interviewees in their 30s and 40s and fewer in their 20s than those who completed the survey. The difference may be due to the fact that many of the interviews took place during the summer, a time in which a greater number of the younger students are off campus (many go home to be with their families for the summer and/or do internships in other parts of the country) while the older students (with families and/or second career students) tend to stay.

	Number of Responses	**Percentage of Interview Responses**	**Percentage of Survey Responses**
20 to 29	1	6%	49%
30 to 39	8	47%	29%

40 to 49	5	29%	4%
50 to 59	3	18%	16%
60 to 69	0	0%	2%
70 and up	0	0%	0%

BMI (Body Mass Index)?[107]

Comment: There was a higher percentage of obese individuals (41%) who participated in the interviews than the survey (25%).

	Number of Responses	**Percentage of Interview Responses**	**Percentage of Survey Responses**
Obese	7	41%	25%
Overweight	5	29%	32%
Normal Weight	5	29%	41%
Underweight	0	0%	2%

Although there were some differences in the demographics of those who participated in the interviews versus those who participated in the survey, many of the interviewees' answers were similar to the information I received in the survey. Therefore, rather than reporting all of those similar statistics, I will now provide some of their responses to the questions I asked in the interview.

When you were growing up, did your family emphasize healthy habits (healthy eating, exercise, getting enough sleep, etc.)?

Response from 50-59 year old participant:

> I grew up in a generation where we played outside, so I played outside as much as I could. We did everything . . . softball, running, jumping . . . anything that was outside and included the kids in the neighborhood. I was not really an athletic type, but I did enjoy doing flag team in high school. The message I got at that point about health was we ate a lot of fresh food. My parents had a garden right next to the side of the house, so I loved the produce and I loved working in it. I

[107] Although this is health-oriented information as opposed to basic demographic information, I think it is important information to include.

> got the message that fresh food was important, three meals a day were important, and desserts were a Sunday afternoon treat. I also remember that our plates were very colorful . . . green tomatoes, yellow corn . . . those were the kinds of messages I received about health. There were really never any conversations about why we were eating the type of food we ate or why we grew our own food. That's just what we did! There was also consistency about the need to go outside and you need to go to bed at this time . . . but doing these things because they were 'healthy' was never vocalized.

Response from a 40-49 year old participant:

> Health was not talked about a whole lot. My family didn't talk about eating the right things or about going on family walks. It wasn't until I was an adult and my dad was going through what he was going through, which he attributed to his weight. He encourages me now, but this is too late, bad habits have already set in. As for food, we didn't eat out a whole lot. Mom cooked meat, starch, can of vegetables, but overall not a lot of vegetables. Dad cooked chicken in the oven, rice, and canned vegetables. Not much processed food. Fast food was a special treat, one or two times per week. We always ate as a family. We didn't talk about health, because it wasn't talked about in people's homes. Back then, it was survival mode . . . pay bills, support my family, etc. We were working poor, it wasn't a priority.

Response from a 30-39 year old participant:

> We didn't think about it much when I was growing up. Meals were mostly prepared at home. We didn't eat much fast food or go out to eat at restaurants . . . those were special treats. My mom taught me how to cook when I was ten. My family didn't eat meals together . . . only at Christmas, Thanksgiving or other special occasions. I mostly ate while watching television or doing something else. Since my dad worked a lot, he did his own thing. Overall, we didn't talk about making healthy food choices; I just ate what was prepared. As we have gotten older, my parents and I have started moving towards a healthier lifestyle, which was spawned by my uncle, who used to eat any and everything. Then he went to the doctor who told him that he was going to have to go on blood pressure medication, insulin, etc. He didn't want to go that route so he switched to eating completely raw, no meat. My parents and I saw the benefits of his healthy eating, so now we are mostly vegetarian and my parents now juice. As for exercise, we didn't hear or talk about exercise, but I was shown. My Dad worked out all of the time . . . lifting weights, running, and he sometimes would take me to the local park to exercise with him.

Response from a 30-39 year old participant:

> I grew up where you had to eat your vegetables at dinner. We grew all of our vegetables, so we knew where they came from. We cooked everything, we didn't

> eat out. My parents were very deliberate and intentional. They were also brilliant about television . . . they used it as punishment. If I did something wrong, I had to watch television for a certain amount of time before I could go outside . . . it was so wildly effective . . . I don't own a television now. Both of my parents didn't exercise and are obese, but yet, my sister and I both exercise and eat right. I always got enough sleep, which was very intentional. Dinner was always served at 5:30 or 6pm. We didn't talk about eating healthy, we just did it. We didn't talk about exercise, we would just go outside. Overall, the message I got about health was get off your behind and eat well.

Response from a 30-39 year old participant:

> Growing up, I learned a lot about health by example. Both of my parents were adamant exercisers. My dad has been a runner since the early 70s, and growing up I saw him do sit-ups and pushup on the floor and sometimes I would run with him. My mom ran when I was younger, but switched to cardio machines when she got older. I did not get direct messages about health until PE in middle school. In fact, prior to that class I do not recall hearing any sort of message that said that I needed to play sports because it was good for me. I had just thought it was a game. The overall message I got about food was, eat your fruits and vegetables, you know they are good for you . . . I still hear those voices when I sit down to dinner, enjoy treats in moderation, one could splurge . . . a bit . . . on Friday nights, eat a good breakfast before school because it would help me think and do well.

If you went to church growing up, did your church address matters of health? Yes, No, Why or why not?

Response from 50-59 year old participant:

> The church I grew up in was very strict against sports. When I was in high school I was very good at tennis, but I wasn't allowed to play because the skirts were too short.

Response from a 40-49 year old participant:

> They didn't talk about it because it was a cultural thing. I mean, I'm sure there were a lot of people that had issues . . . diabetes, high blood pressure, but I think it may have been, not being educated properly on food and these were old habits that needed to be broken. So I think it was a lack of education and it just wasn't a priority. People were in survival mode, being working poor or poor, they may be on welfare, they were thinking I have to eat and feed my family and I have to get whatever food I can get.

Response from a 40-49 year old participant:

> My church did not talk about health practically or theologically, except my youth leader, who was very fit and very encouraging; he even invited some of us to

> work out with him at the gym. We also started out youth group with volleyball or something, but that was probably a reflection of his personality as opposed to the church trying to teach us something about health.

Response from a 30-39 year old participant:

> My church said nothing about health. They didn't talk about health because of where it is located (rural South). Even now they only talk about spiritual disciplines during Lent.

Response from a 30-39 year old participant:

> Health was not discussed. Since it was Pentecostal, it was more focused on your spiritual needs more so than your physical or financial or other things. It was one-sided heaven or hell focused as opposed to other areas of your life.

Response from a 30-39 year old participant:

> I don't think I ever heard anyone in the Baptist church address health stuff from a physical standpoint. Yes, in broad terms, spiritual health and emotional health I heard in sermons about controlling our anger, confessing, forgiving, and being generous. As for eating and staying active, no. My pastor growing up was very obese and I remember asking myself back then, "Why are there a lot of fat pastors around here? Well I guess it doesn't matter theologically what you eat or what you do." And, actually, one time when I was young adult, I think I heard and/or read a sermon about how exercise could steal people away from their families and I thought this isn't good. I mean I like to play soccer, but I don't want to hurt anyone. So the message I got was that exercise was bad, but maybe other people took it differently.

What are your current feelings towards your body? (NOTE: This question was asked only in the interview.)

Response from a 50-59 year old participant:

> Maybe it is age-related, but I'm loving my body because there have been times in my life where I could not have had a body . . . when I think about the cancer and I've had other health issues… I see the scars and I'm reminded of what I've been through . . . so I love my body. But there are times when I think, you know, I'm feeling okay today, but I do want to live until . . . at least 110 . . . and be well so that means I need to do something. I mean I used to want to be skinny, but I don't want that anymore. I want to be healthy . . . whatever healthy looks like for my body.

Response from a 40-49 year old participant:

> Right now I am struggling . . . struggling a lot with my weight. My youngest son, he is going to have a weight issue, he's already obese. I talk to him all the time, but it's hard, because he can hear what I say, but he's looking at what I do as an example. It is about being an example to your children. And he is falling into the same eating habits I have. And even though I warn him, talk to him, and tell him about having a hard life, about how it was difficult for me being big when I was a kid, and a lot of esteem issues came with me . . . and my poor self-esteem made me make poor choices and decisions . . . and trying to get him to not make the same poor eating choices . . . but it is really, really, hard.

Response from a 30-39 year old participant:

> I feel good about my body. I don't recover as well as I once did and I know that bad food choices tend to stick around a little more than when I was younger. Now, I can't do that, I have to be more conscious. I can tell the difference when I do eat well and I know there has been a lot published about the health of what we put in our stomachs and how it impacts the health of our brains. I know that my concentration and focus are so much better when I make good choices. My studying and reading feel like a snap compared to when I don't make good food choices . . . as well as getting enough sleep. So, now I think, this is really important in graduate school. And no, I don't get it right all the time, but I do try.

Response from a 30-39 year old participant:

> Not very good. I've gained a lot of weight between college and here and I've never felt very good about it and I've struggled to get it off . . . so not so good.

Response from a 30-39 year old participant:

> How I feel about my body, that's an interesting question. I don't know . . . these days I don't really focus on it . . . some of that probably has to do with my upbringing . . . my family and church focusing on the spiritual and other stuff, but now I am trying to be more holistic, and well-rounded in every area—personally, physically, all areas of my life.

Response from a 20-29 year old participant:

> I am 100 lbs. heavier than when I was in high school and I've been at my current weight for about three years. On the one hand I want to be a healthy me in the body I currently have, but at the same time I also do have a complex about this… some insecurity and struggles. I mean even though I am now living in the same town I grew up in, no one has said anything to me about my weight and my boyfriend says that I look fine, but if I am going to be in this body, I want it to be a healthy body.

How much interest (significant, little, none) do you have in learning more about health (individual, family, congregational, community, environmental, etc.)?
NOTE: This question was in both the survey and interview. However, the interviewees provided greater detail when answering the question.

Response from a 40-49 year old participant:

> See, here's the thing . . . I know what I need to do, I just need to do it. So, I know a lot about health. And, I know I feel like a hypocrite telling someone else what to do since I haven't done it. So, yeah, that is part of my issue. So, say if I were to preach a sermon about health . . . and I am obese and overweight . . . I would feel real hypocritical. So, that is something I would stay away from because of my own personal issues. I mean people would say, how can she tell us how to eat better unless I had my mind focused and people could see the example in me, losing weight, trying to eating healthier, yeah.

Response from a 40-49 year old participant:

> I would be interested in learning what does it mean to have a healthy congregation because there are so many different personalities and if someone were to come up to me and say, "We need to have a healthy congregation," I would want to know which aspects they are talking about, because there are so many, which ones are you talking about… I'm not sure I would know how to answer that. So of all the various aspects of health that would be the one I'm most interested in learning about.

Response from a 30-39 year old participant:

> Yeah, I am always wanting to learn more. It is something that is near and dear to my heart. I think it is something that the church has got to do more of. It is one of these things, where when I look at churches . . . whether they are evangelical or reformed . . . the only sin that is never preached on is gluttony. It is the only sin that really is "acceptable" . . . I think. No one really fusses too much about the number of calories you consume as much as they will fuss about almost any other thing. So I sit back and think, what if we move more, and eat less, or at eat better at least. . . . I wonder how this will impact our actions and our attitudes and the way we feel, as well as our self-image. There are so many ties.

Response from a 30-39 year old participant:

> Yes, I have a great interest . . . that is why I did this interview. I would like to learn more about healthy eating, healthy lifestyles, mostly want to learn about individual health, but I am open to learning about other areas of health. For instance, I don't garden, but I like to eat raw!

Response from a 30-39 year old participant:

> I really love learning about health. . . . I eat it up with a spoon . . . all of it [individual, family, congregational, communal, environmental]!

Do you think seminaries should address matters of health from a theological and practical perspective? Why? If yes, what would you imagine that looking like? If no, why?

Response from a 50-59 year old participant:

> I do. The seminary requires the I and R class, so within that class, it's already in the curriculum . . . build a component of that class that targets the issue about being a healthy seminarian and what does that look like . . . begin the dialogue there, the very first year . . . and maybe do some field trips to the grocery store, the Farmers Market, and learn how to understand food labels. Maybe teach students how to prepare healthy meals in their little kitchens, and the gym . . . well, it needs some help. I think getting people to talk about what it means to be healthy in the class . . . there will be some people who struggle with stress, and there are some people who are good at exercising, having conversations where we can talk about how taking the time to exercise is just as important as learning our Hebrew in seminary. Helping people to realize that if I'm not healthy here, how can I help the people I am being called to serve?

Response from a 40-49 year old participant:

> Yes, seminaries should address matters of health because of the rate of obesity. If we are the proclaimers of God in Jesus and we feel as though we are examples and trying to spread the word of the goodness of Jesus. I know we all have faults, but why not try to be a healthy example. I think a person needs to be in their ultimate, as far as their fitness. And I think it shouldn't be a taboo, it should be put out there . . . not to make people feel bad about their weight, but a cause to raise questions and concerns about being more active and making better eating choices.

Response from a 30-39 year old participant:

> Yes, I think very much so because in the African American tradition health isn't focused on very much. It needs to be focused on your whole life, that is where my heart and passion is right now. . . . I've seen a lot of pastors and preachers do so much for other people, they don't take care of themselves, their families . . . which are falling apart. They don't have an outlet. That is why it is very, very important to touch on, talk about, and to address . . . dealing with your whole person. That is why I started going to the Care and Counseling Center of Georgia. My mom asked, 'Why are you going there?' I said, "Mom, we all have issues we can talk about. So helping to break down the negative stereotypes about going to counseling only if something is wrong would be helpful."

Response from a 30-39 year old participant:

> Yes, yes, because it is our job to take care of ourselves and to set the example, and to empower people to take care of themselves so that they can better serve.

Response from a 20-29 year old participant:

> Yes, because we at the worst about it . . . we go, go, go and then we work long hours so then for me I'm going to eat pizza, and then we don't sleep enough. I think if more people talked about it, we would have less pastoral burnout and/or less exhaustion.

What would you imagine this (addressing matters of health at seminary) looking like?

Response from a 40-49 year old participant:

> I don't know. I mean this school has a gym with unlimited access, a community garden, the Healthy Seminarians-Healthy Church Initiative so that we can do fitness and nutrition consultations. At this school, I do not think a whole lot more, because a lot has to come from the individual . . . it's got to be a self-starting, motivation from within because the opportunities are here.

Response from a 40-49 year old participant:

> That's the struggle because if someone were to say, "Here's a class," I don't think I would go to it because I am already in class all the time. . . . I don't think I would want to go to another class. For me, a friendly competition would be useful, for example, getting body weight down and have information about here's the ways to get it down and maintain it, and go from there. That would be fun, but maybe that would be a drawback for other people. That is the way I would like to learn as opposed to in the classroom. . . . I probably wouldn't come to that.

Response from a 30-39 year old participant:

> Overhaul the dining hall top to bottom . . . clean it out. I also feel like that there needs to be some sort of physical fitness, and I know that mandating of people is insulting, but, it shouldn't be. Just a requirement that you participate in something because we have a full range of abilities and interests. I do feel like it should be mandated… doing some sort of something, always... not graded or a credit, but just a requirement and it could take place in the form of small groups, which also helps to take care of your mental and spiritual health. I feel like it can be a package deal kind of thing. As for classes for credit, yes! Part of it could be covered in the 'Imagination and Resilience" class that the school already has, focusing on self-care and promotion of your own mental and spiritual health… and the value. You cover it somewhat in pastoral care, and in theory they talk about it in I and R, but it is not actually. . . . Again, self-care should be the main

> focus—physically, mentally, emotionally, spiritually . . . and practices for each of those.

Response from a 30-39 year old participant:

> It would be great if classes were integrated into curriculum because it can seem overwhelming to add something else. Also, depends on seminary community and what would work there. The 'I and R' class covered a whole lots of things, but it didn't have a chance to delve deeper. Maybe offer one class that is generalized and maybe one that is more specialized.

Response from a 30-39 year old participant:

> Yes, I want to see health talked about more in the classroom, but I have to wonder how many professors keep a regular exercise routine and are conscious about their eating habits? I did have one professor who talked about wrestling when he was in college and how he ran a marathon while at seminary, and now his new hobby is pushing his daughter around in the stroller while he runs. I don't know how that necessarily fits with teaching Hebrew, but I thought that this was so cool, way to set the example here! But then I also hear other students say, "I went to so and so's house to get tutored and the person chained smoked the whole time."

Response from a 20-29 year old participant:

> We would need professionals teaching it, not professors talking about it because for most it is outside their scope of knowledge. I think it would be helpful if someone did basic physicals here (blood pressure, height, weight, etc.) once a year (like they did when I was in college) it's . . . a reality check. I would like to see the refectory to be more healthy . . . nutritional "Lunch and Learns" would be good too . . . perhaps an elective on health . . . if it is a class, we have to come.

In your planned vocation, do you intend to address matters of health?

Response from a 40-49 year old participant:

> Yeah, it would be interesting to have a Sunday school class or a Bible study about health: eating and all aspects of it (eating disorders, eating too poorly or not eating enough, talking about self-awareness) because that is important for the church to tackle, maybe even through a sermon or sermon series on health. It is interesting because people don't want to talk about it, it is kind of like money, they don't want you to preach about it. Although, it seems as though it is okay, they almost expect you to preach about money and how to spend it, but they don't want you to tell them how to eat. And what makes even more challenging is that you correlate church with fried chicken, casseroles, the older ladies' pies, those are some good and tasty meals, they're fun, but that isn't healthy. However, I do think you can tackle these issues in some creative ways.

Response from a 40-49 year old participant:

> Yes, I would want to address health matters because it is critical, especially in the African American community . . . we have certain illnesses that plague our ethnic group and it is important that we put it out there and share it; especially the children whose parents won't let go of bad behaviors, bad eating habits. That is why it is critical for us to minister and to talk about health and health issues. If I had a platform, it would be childhood obesity.

Response from a 30-39 year old participant:

> Yes, I will definitely do it, but I don't know how yet. I will definitely push exercise for sure because for me, that is a great place to start because it gives you a little wiggle room to enjoy things that go into your mouth. And the feeling after a great week of workouts and being able to enjoy that pizza. Also, if you are active and you get invited over to someone's house and they say that they've made a cake for dessert . . . you don't have to think oh no, sorry . . . but instead you can think I'll just have to hit it a little harder tomorrow. I would encourage people to eat more sensibly and I, too, need to work on it myself; I've definitely hit the fast food more since having children. I would also encourage people to eat more plant-based and less meat.

Response from a 30-39 year old participant:

> Yes, I want to empower people to get the mental health help they need. I want people to learn about spiritual practices and learn to engage them individually or communally. I really want the church to be a place where exercise in some form is the norm. Where I grew up, exercise doesn't happen, people don't have time, it is not even possible. To make it possible and accessible, and okay and not selfish for people to make time for exercise, I feel like it has to come from the pulpit and lots of different angles.

Response from a 30-39 year old participant:

> I think I would start by focusing on spiritual and emotional health and then physical health . . . teaching about the importance of staying balanced among these. I would also want to work on promoting healthier congregational meals.

Section Summary

Overall, I was pleasantly surprised by the number of students who were willing to participate and, given the number of students I did interview, I was pleased by the

diversity of the group (gender, year in school, age, and ethnicity). Some key insights from the interviews follow:

- Almost all of the participants said that their families did not explicitly talk about "health" when they were growing up; rather, they were taught and/or it was modeled to them by their family members: "We didn't talk about eating healthy, we just did it." Furthermore, food was generally cooked at home (processed items, eating out, fast food, and desserts were a treat, not the norm), and several of the participants mentioned that their families had gardens when they were growing up, which helped them to eat a lot of fresh fruits and vegetables.

- As for exercise, the vast majority of the participants said, "We didn't talk about exercise, we would just go outside." Several people did mention participating in organized sports leagues and/or playing on athletic teams, particularly in high school. However, the primary sentiment was that the participants were encouraged to "play outside" and that exercise and/or being active came as a result of being outside as opposed to its being the objective goal for their time spent outdoors.

- When it came to the messages about health that they interviewees received from the churches they attended while growing up, most of them said, "Health was not discussed," or "My church said nothing about health," with the exception of spiritual health and/or occasional mentions of mental health. Even then, those topics did not receive much attention. In several instances, when physical health was mentioned, it was done so negatively; "The church I grew up in was very strict against sports," or "The message I got was that exercise was bad."

- As for the participants' current views of their bodies, there were several participants who had positive views; "I love my body" and "I feel good." However, the majority of those interviewed either felt poorly about their bodies—"I am struggling right now," "Not too good"—or ambiguous, due to such reasons such as having not thought about it—"How I feel about my body, that's an interesting question. I don't know . . . these days I don't really focus on it"—or because they are currently wrestling with trying to define what it means to be healthy—"On the one hand I want to be a 'healthy me' in the body I currently have (100 lbs. heavier than in high school), but at the same time I also do have a complex about this, some insecurity, and struggles."

- One hundred percent of those interviewed believe that seminaries should address matters of health from a theological and/or practical perspective. As for why, the top three reasons were 1) the importance of pastors being "good examples," 2) their wanting to be able to "empower people (their congregants)

so they (in turn) can better serve (others)," and 3) their strong conviction that there would be "less pastoral burnout."

- As for the types of messages, programs, and classes about health that would be most helpful as part of their seminary experience, the majority of the participants said that there needs to be health-related class(es) and/or requirements integrated into the seminary curriculum because the students want to have these educational opportunities. However, since their schedules are already full with other requirements, many said that they would not enroll or participate in any additional classes, programs, or events that were not required for graduation, even though they know they would be good for them.

- When it comes to teaching health-specific topics (nutrition, exercise, stress management, etc.), several of the participants pointed out that they would want to be taught by health professionals as opposed to professors, since the topic of health is generally outside the professors' scope of knowledge and expertise. A few of the participants also mentioned that they wished that the professors, administrators, and staff shared more openly about what they are doing to be healthy because they, the participants, want role models, examples, and a community that supports and encourages one another in striving towards health and wholeness.

- In terms of addressing matters of health in their vocation, the topics the interviewees were most interested in addressing were 1) food/eating ("I . . . want to work on promoting healthier congregational meals"), 2) physical activity ("I really want the church to be a place where exercise in some form is the norm"), 3) mental health ("I want to empower people to get the mental health help they need"), and 4) spiritual health ("I want people to learn about spiritual practices and learn to engage them individually or communally"). In addition, several of the interviewees specifically wanted to address health matters within the African-American community "because it is critical!"

Overall, I believe the information that the participants shared with me is not only invaluable in helping me to understand the individual health concerns of seminarians, but also underscores the role that families and churches play, both positively and negatively, in impacting people's health. I look forward to sharing this information with Columbia Theological Seminary, other seminaries, and the Healthy Seminarians-Healthy Church Initiative, as well as other institutions and organizations across the country that are working with seminarians.

Part 6: Interpreting the Health Issues Impacting CTS Seminarians as a Way of Providing Steps toward Meaningful Action

Introduction

The United States is currently facing a major, multifaceted health crisis. We, the Church, are not immune from it; rather, we are right in the thick of it, as the young clergy person's story shared in the introduction and the statistics about clergy health we have explored clearly demonstrate. In response to the health crisis, it is imperative that the Church reclaim biblical understandings of holistic health (shalom, abundant life) and use these as a basis for equipping the PCUSA's theological institutions to affirm and become more faithful models of health and wholeness for students, congregations, and the larger community. After reviewing prior research, investigating my research context, and collecting and analyzing the data that I received through the surveys and interviews, I feel even more confident about this claim. Since I have such a large amount of data and a limited amount of space in which to articulate my thoughts, I have chosen to divide this last section into the following three sub-sections: 1) the health issues impacting CTS seminarians, 2) the role of churches in seminarians' health, and 3) suggestions and strategies for creating healthier seminaries. My hope is to use the other information I have gathered for future papers and research projects.

Disconnects in the Attitudes and Health of CTS Seminarians

Overall, the three personal health issues that are most negatively impacting CTS students are 1) rates of obesity (25%), 2) mental health issues (16% anxiety, 11%

depression), and 3) cardiovascular health issues (13% high blood pressure, 11% high cholesterol). These particular health concerns are similar to what the 2013 UMC study observed and are also consistent with what other research projects on clergy health have discovered.

Additionally, this study found that participants were generally optimistic when asked, "Overall, how do you feel today?" Sixty-two percent responded by indicating that they either felt "Excellent" or "Very Good." However, given that a large percentage of the participants are dealing with one or more health issues, there are clearly disconnects between some of the respondents' actual and perceived health. As noted previously, this gap between actual and perceived health has also been observed among clergy.[108]

One reason for these points of disconnection, outside the normal cultural practice of saying, "I'm fine, good, well," even when, in reality, life might be very difficult, has to do precisely with the quote I presented in the first section of this project: "[Christianity] has the highest theological evaluation of the body among all religions of the world, [yet] it has given little attention to the body's role in the spiritual life in positive terms. High theology; low practice."[109] Christianity has a high theological view of the body (human beings are made in the image of God, Christ became flesh and dwelt among us, the Church is the "body of Christ," etc.), but the role of the body in the spiritual life is quite low (we are not taking the time to listen to our bodies, setting times aside for fasting, seeing the interconnectedness of how honoring our bodies and the bodies of others is honoring God, and so forth).

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[108] Bopp, et al., *Leading Their Flocks to Health?*

[109] Thomas, xi.

I believe another reason for this disparity has to do with Christianity from an historical standpoint. In her book *Honoring the Body: Meditations on a Christians Practice,* Stephanie Paulsell writes, "Christians have inherited an ambiguous legacy about the body. Christianity has long struggled with an uneasiness about the body, even as it affirms the goodness of the body in the bedrock beliefs." [110] I would like to suggest that this inherited apprehension towards one's body also contributes to the observed differences between the seminarians' perceived and actual levels of health. They have a hard time correctly identifying how they feel about their bodies precisely because they do not know how they are *supposed* to feel about their bodies, since they have been taught to view their bodies negatively (because it is only their souls about which they are supposed to be concerned).[111]

As for addressing the rising obesity rates and associated health problems (high blood pressure, high cholesterol, etc.), 67% of the participants indicated that they are trying to lose weight (median desired weight loss being between 15 and 20 pounds). However, almost half of the participants indicated that they have never tried to follow any sort of nutritional plan when attempting to lose weight. This is another significant disconnect.

When it comes to physical activity, 84% of the survey participants indicated that they were currently exercising, varying anywhere between once a week to every day. However, 67% of them said that they have a hard time sticking to an exercise program,

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[110] Stephanie Paulsell, *Honoring the Body: Meditations on a Christians Practice (*San Francisco, CA: Jossey-Bass; 2002), 5.

[111] There is much more that I would like to say about the theology of the body as it relates to people's health. However, due to the overall scope of this project, I cannot do so at this time.

due to time constraints and/or other priorities, a lack of accountability, and loss of interest/got bored. Since this survey was completed either during the summer or at the beginning of the school year, I believe that the number of students who were actively engaged in some form of exercise was probably higher than if they had participated in the survey during the middle to latter end of the semester. However, I believe that this high percentage is also due to the fact that a lot of the students truly want to be healthy, but they do not necessarily have the tools, resources, and/or social support to establish the necessary lifestyle changes that are required for a healthy ministerial career. For example, 64% of the survey participants indicated that they have "a lot" of interest in learning more about and taking steps to improve their individual health. Among those I interviewed, many said that they did not know where to start and/or felt overwhelmed with all of the conflicting health information shared through the media. As for the lack of social support, I will address that issue in the next section.

In terms of CTS students' stress levels, many of the participants in the survey and the interviews indicated that they were only feeling moderate levels of stress: 4.7 personal lives, 6.2 school, and 4.8 work (scale of 1/low to 10/high). Again, I believe the reported stress levels were influenced, in part, by the time of year in which they were completed; I would have expected the rates to be higher based on my experience of being on campus and hearing students talk about their high levels of stress. When I asked a student to comment on the perceived levels of stress on campus, the person said,

> Although we are Christians and seminarians, the level of stress found on campus at the end of semesters is similar to what I experienced in graduate school my first time. The level of stress in the spring when seniors are trying to find jobs is (unbearable). In the five years I have been here, I try and stay as far away from campus as much as possible starting in March.

I also believe the scores were lower because, again, there is a disconnect between the seminarians' perceived level of stress and what the stress is actually doing to their overall health. In fact, I believe this disconnect, and the resulting mismanagement of their stress, is one of the greatest contributors to seminarian and clergy ill health. As multiple studies have shown, when people are stressed, they tend to make poor food choices (oftentimes eating either too much or too little), their amount of physical activity tends to decrease, and both the quality and amount of sleep they get frequently suffer. All of this contributes to even greater stress levels.

Based on my research, some of the biggest stressors for the CTS seminarians are grades/studying, family, financial concerns, and anxiety about their calling. Many of the students openly admitted to me that when their school work starts to pile up, their level of physical activity tends to decrease and/or stops. In fact, many of the students have told me that the neglect of their health is only "temporary . . . I've just got to make it through seminary. However, once I graduate and receive my first call, then I will be able to eat healthier, exercise more, etc." Unfortunately, the statistics on clergy health prove that this line of (hopeful) thinking does not work.

This reduction of physical activity is worrisome for a couple different, but interrelated, reasons. First, ceasing exercise, whether it be in the name of creating more time for homework or for some other reason, has deleterious effects on one's physical health. This mindset is related to a misguided understanding of what it means to be "successful." Making grades the sole defining marker of success can easily lead one to be a workaholic—the more I work, the more successful I will be, and the better the fruits of my work, the more worthwhile I am. From a theological perspective, if one is not careful,

a person could equate the success of good grades with pleasing God; in other words, a sort of academic Protestant work ethic. If one takes this kind of mindset into the ministry—being a workaholic is okay and God approves of it. This could be extraordinarily damaging to a person on multiple levels.

Clergy are always in the public eye and are frequently being judged for their "work" . . . whether it is the sermon being preached, the number of pastoral care visits that have been made, the number of new members who have joined the church or the number who have left, etc. The fact of the matter is, clergy are always being judged on the work they do, which is similar to students receiving grades for their academic work. The grades that seminary students receive and the quality of work that a clergy person does are certainly both important, but I also believe there are other equally important markers for the "fruitfulness" of one's ministry. For example, the ability of a pastor to say, "Yes, yes" *and* "No, no" (James 5:12) is especially important for a profession full of "people pleasers." Since pastors are role models (whether they like it or not), their ability to observe the Sabbath, as well as take time off and use continuing education allotments, can be a powerful statement in a society that is increasingly operating on a 24/7 schedule. The Bible is quite adamant about this. The word "Sabbath" appears 171 times in the NRSV, which clearly denotes its importance. Perhaps, then, those of us who claim to be followers and servants of Jesus Christ should also make Sabbath a priority, both for the sake of witness and health.

How "successful" is a newly ordained pastor really being, if she or he has a head full of knowledge and a workaholic mindset willing to sacrifice his or her health, only to end up having a vocation-impeding health issue? Does one honor God by living a

professional life without balance or boundaries, resulting in burnout after only a few years in the ministry? Much of clergy unhealth results from continued reliance upon the tools (i.e., the bad habits formed to "get through" seminary) that lead seminarians further down the path of becoming workaholics and not tending to their health. Using what "worked" get through seminary simply cannot hold up to the pressures of being a pastor. Long-term vocational service, which hopefully includes joy along with the stress, requires a different approach.

Section Summary

There is a lack of connection between health ideals and practices impacting the seminarians at CTS, that is, between the students' *actual* and *perceived* levels of overall health. This disconnect manifests itself in some particular ways among the study participants, namely, wanting to lose weight but not attempting to follow a nutritional plan. The participants make commitments to be physically active, but have a hard time sticking to their plans. Further, they perceive a level of stress lower than it actually is, which means that they are unaware of what the stress is actually doing to their overall health. I believe this clearly demonstrates the need for 1) a much greater general emphasis in our seminaries and religious institutions on teaching the biblical and theological views of health and wholeness, with a particular focus on the role of the body and spiritual practices pertaining to the body, 2) an effort to make sure that seminarians have access to the tools and resources they need to be healthy while they are in seminary, and 3) the creation of the social support to assist the students in establishing the necessary lifestyle changes that are required for a healthy ministerial career.

The Role of Churches on Seminarians Health

> I literally thank God that I fell in love with exercise when I was sixteen because I remember sitting in my apartment during my first semester here and looking at my wife and saying, "Can you imagine trying to start exercising when you are in seminary?" And, she said, "There is no way. You have so many things going on and if it weren't so engrained in you, you wouldn't do it." And I said, "I can't imagine, I mean I really can't." For a lot of people out there, students who haven't done it before, you come here and you have so many other things and stressors going on, I can understand how they don't want to add one more thing to their plate; I get that, but I want my ministry to be fruitful and last for years. I hope and I know for me, that I just feel better when I exercise, I can think clearer, it is a great break in the day. We have to sit (often doing so with lousy posture) and read and study for so long . . . it does your body some justice to get out and move a little bit . . . and that can mean going for a walk, one doesn't have to go out and run a marathon.
>
> —Response from a 30-39 year old participant

This student's insight captures many of the reasons why I believe that bringing health and wellness more clearly into the heart of theological education and formation is absolutely necessary if we want to have healthier clergy, healthier congregations, and healthier communities. As mentioned previously, trying to assist clergy in making healthy lifestyle changes after they have become pastors has produced some positive results and is commendable. I believe that in order to have a greater impact, however, healthy habits must be instilled in a person before his or her first call, hopefully even before he or she enters seminary.

Brief Summary of My Rationale

As mentioned previously, a number of studies have shown that many clergy are unhealthy. This study, as well as the UMC 2013 study, has shown that seminary students share many of the same health concerns as clergy. Multiple studies have demonstrated

that many congregational members are also unhealthy.[112] For example, a 2006 Purdue study found that fundamentalist Christians are by far the heaviest of all religious groups, led by the Baptists (with a 30% obesity rate) compared with Jews (at 1%), Buddhists, and Hindus (at 0.7%.)[113] In 2011, a Northwestern University study tracking 3,433 men and women for eighteen years found that young adults who attend church or a Bible study once a week are 50% more likely to be obese.[114] The Pawtucket Heart Health Program found that people who attended church were more likely than non-church members to be 20% overweight and have higher cholesterol and blood pressure numbers.[115]

As for why churchgoers tend to be less healthy than non-church goers, various reasons have been suggested. One major culprit is "fellowship"—potlucks, Sunday morning coffee hour, and other congregational meals are frequently laden with unhealthy foods (fried chicken, pizza, pound cake, sweet tea, doughnuts, bagels with cream cheese, etc.). Additionally, pastors rarely preach about the importance of taking care of one's health (possibly because doing so from the stance of their own personal unhealth might seem hypocritical).

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[112] Religious involvement has been linked to some positive health outcomes such as higher levels of happiness, lower rates of smoking and alcohol use, and even a longer life, which should not be overlooked. But in terms of some of the health outcomes on which I am focusing (obesity rates, blood pressure, and cholesterol levels), the outcomes are not encouraging.

[113] Cline and Ferraro, 275.

[114] Marla Paul, "Religious Young Adults Become Obese by Middle Age," Northwestern Now News, accessed May 12, 2016, http://www.northwestern.edu/newscenter/stories/2011/03/religious-young-adults-obese.html.

[115] R C. Lefebvre, et al., "Theory and Delivery of Health Programming in the Community: The Pawtucket Heart Health Program," *Preventative Medicine*16, no.1 (January 1987): 80-95.

This study confirms many of these reasons. I asked participants why health matters were not addressed in their churches when they were growing up. Some of their responses follow:

- "It wasn't an issue 30 years ago."
- "They didn't know how to/didn't want to be offensive."
- "They felt it wasn't something to be talked about in church."
- "We have had more important issues than health."
- "Taken as a given that those things were happening at home."
- "They were not perceived as being faith-based matters (physical and environmental issues in particular)."
- "Didn't think it was their concern, too political for church."
- "Perhaps leaders did not feel equipped to teach on these matters."
- "My church did address spiritual health, but it did not connect this to physical, emotional/mental, social or environmental health. I would guess that the pastor and church leaders did not feel that these other areas were under their 'purview.' However, spiritual health does not exist in a vacuum and it can be important to address all facets together."
- "I don't know."

The majority of interviewees mentioned that unhealthy food was served (particularly at potlucks, Wednesday night meals, and in youth group), they rarely ever heard a sermon about the importance of tending to one's health, and that, in general, matters of health were not brought up at church outside of tending to one's spiritual health. In the survey for this study, 79% of the survey participants indicated that when they were growing up, matters of health (physical, emotional/mental, spiritual, social/relational, and environmental) were not addressed from a practical standpoint. For those who indicated that health was addressed at some level, physical health was emphasized the least (57% of the participants said it was not emphasized) and spiritual health, not surprisingly, was emphasized the most (43% said it was emphasized weekly).

Sixty-three percent of the survey participants said matters of health were not addressed from a theological perspective at all. If the health matters were discussed,

again, spiritual health was spoken about most often (45% said it was addressed weekly) and physical health was addressed the least (82% said it was not emphasized at all). Since 90% of my survey participants and all of my interviewees attended church growing up, this information is not inconsequential, particularly if one looks at how many of our health habits are shaped by our family and friends.

In the 2011 Edelman Health Barometer study, for example, 43% of respondents believed that their friends and family have the greatest impact on their lifestyle as it relates to health, and more than 36% believe that friends and family have the greatest impact on personal nutrition.[116] A Harvard study done in 2007 confirms these perspectives.[117] That study found that the chance of someone becoming obese was 71% if they had a same-sex friend who became obese. Among married couples, the chance of a husband or wife becoming obese if the spouse became obese was increased to 37%. The study also found that the spread of obesity in a social network was not dependent on geographic distance.

The 2011 Edelman Health Barometer study also found that people who model a healthier lifestyle fail to connect actively with others who may benefit from their example, knowledge, and support. Nearly 31% of the participants who reported to have healthier behaviors admitted to distancing themselves from friends who engage in unhealthy behaviors. This is discouraging news for those who are seeking to find others to help them in their endeavor to become healthier. I also wonder, but cannot address in

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[116] Edelman Health Barometer 2011, accessed May 12, 2016, http://www.slideshare.net/search/slideshow?q=edelmaninsights%2Fedelman-health-barometer-2011.

[117] Nicholas A. Christakis and James H. Fowler, "The Spread of Obesity in a Large Social Network over 32 Years," *New England Journal of Medicine* 357, no.4 (July 2007): 357, 370-379.

this paper, how many people are leaving the church and/or not going to church because they do not want to be surrounded by such levels of unhealth.

Although the statistics are not very encouraging, I think there is a tremendous amount of good that can come from shifting the role that churches play in addressing matters of health. In fact, the shift is already taking place in some congregations throughout the nation.[118] The key is to increase that momentum and to spread it further.

Section Summary

If we want to improve the health of clergy, there needs to be greater attention placed on improving the health of seminarians. In order to improve the health of seminarians, there needs to be an increased emphasis on changing the culture of our churches as it relates to matters of health, particularly in light of knowing about the significant role that family and friends can and do have on the health of individuals. Achieving this lofty, but absolutely necessary, health-oriented goal must come, at least in part, through transforming our seminaries into models of health and wholeness.

Seminaries as Models of Health and Wholeness

While the current health crisis can seem overwhelming and without hope, I do believe that now is the perfect opportunity for the Church to reclaim this dimension of the

[118] Here are several(of what could be many examples) of churches with a strong and demonstrable commitment to promoting health as part of the church's overall ministry: Peachtree Presbyterian Church, Atlanta, GA (https://www.peachtreechurch.org/thegym), St. John's United Methodist Church, Memphis, TN (http://www.stjohnsmidtown.org (http://www.stjohnsmidtown.org), Christ United Methodist Church, Memphis, TN (http://www.cumcmemphis.org/athletics/), Bethel AME Church, Baltimore, MD (http://www.stagnes.org/about-us/red-dress-sunday/overview/), St Vincent de Paul, Louisville, KY (http://www.runpossible.sweatysheep.com/), First African Methodist Episcopal Church Seattle, WA (http://www.fameseattle.org/#!faith-and-health-policies/chd4).

Good News and to share it with the world. I believe that one of the ways in which we can embark on this journey together towards better health comes through transforming our seminaries into models of health and wholeness, places where health (in all aspects of the word) is not only discussed, but practiced. If seminaries are able to teach and model healthy living as part of a student's theological education, then the students become more capable of carrying this healthy ethos into the ministries into which God is calling them.

However, before this can happen, there are some changes in perception that need to occur. I believe that one of the biggest contributors to the overall unhealth of clergy, seminarians, congregations, and beyond is an approach to health that is too individualistic and/or compartmentalized. As scripture demonstrates over and over again, God has called us to live in community (e.g., Exodus 6:7, Acts 2:42, 1 Cor. 12:1-14, and 1 John 1:7). Therefore, our seeking to become healthier is not something we can do by ourselves in isolation, or at least not very well, because we simply cannot be 'self' unless we are in relationship with others. In fact, we must remember that "self" is, paradoxically, a largely social construct. Therefore, what we do in relationship with others is not morally neutral. As those who stand in the Judeo-Christian tradition, we affirm that what we do in our relationships with others is directly tied to our relationship with God. Truly, our own health depends on and is influenced by the health of others in our community. I cannot think of a better place not only to learn, but also to practice, what it means to live into the abundant life which God wants for us all than a seminary setting.

In addition to Scripture, scientific research shows us that people's individual health is deeply influenced by those around them. Or, stated another way, if one wants to improve their chances of becoming healthier and/or maintaining their level of health, one

needs to surround themselves with others who are seeking health and wholeness in their lives, too. Furthermore, seminaries should become models of health and wellness because that is what the majority of students are seeking (at least at CTS) as part of their theological education. Ninety-two percent of the survey participants and 100% of those interviewed for this study said that matters of health should be addressed as part of their theological education. Furthermore, 87% of the survey participants and 100% of those interviewed indicated they were planning to address matters of health in the ministry to which God is calling them. One of the reasons so many of the participants want health to be a part of their theological education and a part of their ministry is the fact that so many people have become aware of the level of unhealth in this country. The unhealthy American lifestyle is increasingly difficult to ignore, as is the profoundly negative impact it is having on us as individuals, our communities, and on God's creation.

At the same time, religious leaders are also recognizing that the definition of "church" is changing. "Church" is no longer assumed to take place in a steepled-building; rather, the congregants can gather anywhere (an abandoned store front, bar, park, beach, hiking trail, etc.). And, how "church" is done is no longer assumed to be a gathering of homogenous, well-groomed people on a Sunday morning following a set liturgy and singing songs accompanied by an organ and chancel choir. "Church" is now being done through people coming together to feed the homeless at a local food pantry or passing out sandwiches to people living on the street, washing peoples feet as well as their laundry, running a 5K or cycling a sixty-five-mile race in order to raise money for diabetes, AIDS, cancer, and other causes.

Indeed, the Church is rapidly changing. However, I do not believe we (churches, theological institutions, etc.) are being called to change merely as a reaction to what is happening in our society. I would like to suggest that what is happening in society, particularly as it relates to the level of unhealth that is currently plaguing our society, is challenging us to reexamine and faithfully respond to what God has always wanted for our lives: the peace (the shalom) that is mentioned repeatedly in the Old Testament and the abundant life that God has promised to us through Christ. Many seminarians are recognizing these societal challenges and they want to have the biblical and theological insights, as well as the practical tools and resources, to meet those challenges head on!

Section Summary

If seminaries teach and model healthy living as part of a students' theological education, then students are able to carry this healthy ethos into the ministries into which God is calling them. This will not only help them to be healthier pastors, but hopefully will also help those they serve to be healthier, as well. In the next section, I will provide some suggestions for seminaries that are interested in becoming more health and wholeness-oriented.

Five Suggestions for Creating Healthier Seminaries

The suggestions in this section are primarily a result of what I learned through the survey and interview responses, and my time working with CTS seminary students over the last several years, as well as my own experience of having been a seminary student. Since I have more ideas than can be addressed in this paper, I have chosen to identify five

areas that would have the greatest impact on improving the health and well-being of those who work and study in theological institutions. I also recognize that some of what I suggest will not work at every seminary or theological institution. At the same time, I hope that some of what I recommend can be adapted and/or implemented to fit the individual needs of a particular seminary setting.

Healthier Food Options

I believe offering healthier food options should be one of the top priorities for every seminary. My survey participants did not admit to feeling a significant amount of stress, but the number of faculty, administrators, and students who have privately shared their concerns with me over the last several years about the amount of stress-eating that takes place on campus suggests this is a significant issue. In fact, when I started directing the HSHC in 2012, faculty and staff would tell me that they had watched an alarming number of students gain a lot of weight during their time here (10 to 30 pounds were the most common estimates). Much of that weight gain was attributed to the students' making poor food choices. As multiple studies have shown, when people are stressed, they tend to eat too much or too little. Sadly, I have witnessed some of this stress eating over the last several years, particularly in the amount of fatty foods, soda, candy, and other sugar-laden fare that people are ingesting, and I have heard from students who have shared with me (both during the interviews, as well as in the course of other conversations) their struggles with food.

As for providing healthier food options, I think the first step is for seminary communities to evaluate the food ethos on their individual campuses: what is being

served through the dining services, in formal and informal gatherings, at potlucks, in classes and study groups, and other venues. In addition to evaluating whether the food choices are healthy for the individuals in the community, I believe seminaries need to consider the social implications of from where their food is coming, as well as the impact of their food choices on God's creation. As mentioned previously in this paper, one cannot separate the health of the individual from the community or the world around them. As Christian religious institutions, seminaries have the added challenge of the scriptural witness, which is always asking, "Are we loving God, loving neighbor, loving self "(Deut. 6:4) through our food practices? In essence, a seminary's food ethos is part of the students' education, and is as important as any other aspect of the curriculum in that these practices constitute lessons about how food should be understood, obtained, and consumed. And, as with the other lessons they learn at seminary, students also carry their food practices into the churches they serve. Clearly, such an important pedagogical element should be treated with as much care as the rest of the academic experience.

CTS, through its partnership with the HSHC, is currently evaluating its food practices. I know it has been quite a learning experience for those (faculty, staff, students, and the HSHC) serving on the food evaluative group. I also know that the HSHC appreciates CTS' willingness to go through this evaluative process. The group is looking forward to sharing with the CTS administration what it has learned through the evaluation process, as well as presenting its recommendations, which will take place in late 2016.

Practical Healthy-Living Workshops, Events, and Classes

In addition to offering classes for credit, it is also important to provide a variety of different educational opportunities for the seminary community. Whether it is a healthier foods sampling table, videos with time for questions and answers, small groups focused on a particular health concern (body image, alcohol and internet porn addictions, etc.), cooking demonstrations, spiritual formation groups, or something else, there are plenty of subjects that, according to my interviewees, would be helpful for seminarians to have addressed by their institutions. It is important to offer educational opportunities beyond courses for credit because those classes are more academic in nature, which they should be. However, it is essential that the people in the seminary community also have the opportunity to receive some practical tips and ideas for, as well as actual hands-on experiences, for healthy living (e.g., practicing breathing and stretching exercises, cooking foods that they have not used before, etc.)

The data from this study reveal that the activities CTS students are most interested in are nutritional consultations, financial health seminars, stress management seminars, services of prayer and healing, healthy cooking demonstrations, support for persons with mental illness, fitness consultations, gardening/sustainable-living classes, and walking groups. Some of these activities are already taking place on the campus through the work of the Spiritual Formation Program, Student Services, the HSHC Initiative, and some other on-campus entities. Hopefully, the activities of interest not being offered will take place in the near future. In any event, there is still plenty of room to grow in order to meet the students' needs in this regard.

It is also extremely important to learn the culture of the particular seminary setting to find out what days and times will attract the greatest number of participants for an activity. This is essential for determining when an activity should be planned within the course of the semester, and to know how best to publicize such activities. At CTS, I found that the optimal time to hold workshops and demonstrations is during the lunch hour, and that most of the activities should be scheduled prior to mid-terms each semester. Since many students have jobs, family commitments, and other obligations in addition to their classes, I have had very little success with events planned at times other than the lunch hour. I have also learned that from mid-term exams until the end of the semester, students become very protective of their time and attendance at extra-curricular events is very low. Learning and/or knowing these pieces of information improves the health of those who are hosting the event, since less time, money, and energy is wasted in planning something which very few people will attend. Further, advertising via the traditional means, such as the campus-wide email, typically does not work. A number of students have told me that they completely ignore those mechanisms, and my experience bears this out. Personal invitations, word of mouth, and pre-class announcements by professors tend to work the best.

Provide a Fitness/Wellness Center and/or Access to an Affordable, Easily Accessible Facility

Over the last several decades, colleges and universities have either built and/or have significantly improved the spaces on campus that are designated to help students reach their health and fitness goals. Depending on the size of the student body, some institutions have full-blown wellness centers where students can go for routine medical

care, speak with mental health professionals, and work out using various cardiovascular options and strength training equipment. Other institutions have focused on providing a fitness center only, leaving students to go offsite in addressing medical and mental health concerns.

Naturally, some institutions are limited by their resources and/or the size of their physical plant from having such a space and have partnered with other local educational centers, gyms, and health providers so that their students can tend to their health at affordable prices. As a result, most college students are accustomed to having these sorts of amenities, and the students who find themselves called to seminary are going to expect similar options when visiting and/or enrolling in a seminary.

Regardless of the type of facility that is offered, the key is that it must be conveniently located and affordable. This is something many of the interviewees in this study indicated are stumbling blocks for them. It is also reflective of what the general population says are barriers to being more active.[119] Further, based on my experience at CTS, students are not necessarily looking for a large facility with state-of-the art equipment. What they do expect, however, is a facility that is clean, where the equipment is well maintained and safe, and where they can have fun![120]

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[119] "The Wellness Deficit: Millennials and Health in America (September 2015)," American College of Sports Medicine, accessed September 7, 2015, https://certificaniton.acsm.org/blog/2015/september/the-wellness-deficit-millennials-and-health-in-america. According to this article, the biggest barriers to exercise cited by the participants were: lack of time (50%), lack of motivation (35%), location (28%), current level of fitness (24%) and cost of activities (20%).

[120] The participants in my study shared a similar sentiment to what was found in "The Wellness Deficit: Millennials and Health in America (September 2015)" referenced in footnote 75; 77% of that study's participants said they would like their workout at the gym to be as interactive and fun as possible.

Health and Wholeness Need to Be Infused into the Curriculum

I believe that it is absolutely essential that seminaries have at least one required health-oriented class that covers biblical, theological, and practical topics. Topics addressed in such a course would include:

- Body and Health in the Old and New Testament
- The Role of Food in the Bible
- Habit Formation and Transformation
- Spiritual Disciplines
- Nutrition
- Exercise/Play[121]
- Stress Recognition and Management
- Mental Health Awareness

As mentioned previously, many of the students I interviewed said that they would love to take health-oriented "elective" class(es). However, if such electives were offered, the interviewees said they probably would not take the classes because they did not see how they could add one more obligation to their already packed schedules. They feel like the core classes they are required to take to graduate, as well as the other demands on their time (internships, CPE, work, family, etc.), would make this impossible. But imagine the powerful message it would send if a seminary were to make a health-oriented class a core requirement. It would certainly communicate how seriously that seminary takes the health of its students, future clergy, and the communities they serve.

I also think that seminaries should consider being more intentional in extant classes around conversations about health, wholeness, and the role of the body. From an administrative perspective, this would not require the institutions to make significant

[121] Given that my participants' personal history and CTS' history both included time for play, I think this aspect of health often is neglected and needs to be recovered and included in the curriculum.

changes to the current curriculum, so perhaps seminaries could begin with these sorts of implementations while it works on restructuring its current curriculum to make room for new classes. How would this work? At CTS, there is already a required integrative class called "Imagination and Resilience." In the past, that course has lightly touched on such things as the importance of exercise and spiritual disciplines. However, the majority of the students I interviewed said that while the class has tremendous potential, it has limited practical application in its current incarnation.

Other examples for modifying extant courses to include conversations about health, wholeness, and the role of the body follow:

- In an Old Testament class, there could be a greater emphasis placed on how the ancient Israelites understood health, wholeness, and the mind-body-soul interconnection, or the importance of food laws and what their modern-day interpretation and implementation might look like.

- In a New Testament class, the instructor can be sure students understand that the Hebrew mind-body-soul interconnection continue in the New Testament, even though the early Christian believers were surrounded and influenced by the Greeks dualist view of the body. Discussions could include the significance of the Word of God becoming flesh (Jesus is the embodiment of God's love for humanity), Christ's disciples are the "Body of Christ," and the various forms of hunger and thirst and the healthiest way to nourish them—physical (food and water), loneliness (finding community), spiritual (allowing Christ to quench our spiritual hungers and thirsts), and so forth.

- In courses on youth ministry, when the students are learning about the effectiveness of incorporating the various senses (sight, hearing, touch, taste, and smell) into their lesson plan, there could be discussions about how they might include units on healthy foods and physical practices (such as breathing or mindfulness-oriented walking). This would be tremendously helpful, particularly in light of the fact that youth gatherings are notorious for serving unhealthy food, which, according to one of my interviewees, "The youth and the advisors do not need to be eating!"

Help the Faculty, Administrators, and Staff Live into the Reality That They Are Influential Role Models

Like it or not, seminary students are paying attention to the explicit and implicit messages they are being taught by those who work at a seminary.[122] In fact, the role the faculty, administrators, and staff play in the lives of the students is similar to the role students will take on when they become pastors and, thus, come under the scrutiny of their congregations. Since this dynamic is taking place, the faculty, administration, and staff ought, first and foremost, to be made aware of this and then encouraged to promote good health practices as part of their seminary service. For example, the institution can be intentional about creating opportunities where the faculty, administrators, and staff can model healthy food choices in terms of what food is provided at formal and informal gatherings, as well as what is handed out in class or placed in candy jars on staff desks. They can also make their physical activity visible to students. Schools can encourage staff to walk during the lunch hour, provide convenient bike racks so that employees can bike to campus if they live nearby, allow employees to use some of their official work hours to serve in the community garden if there is one on campus, and encourage them to share with students what they like about a group exercise class they are attending or perhaps what fitness app they have found to be helpful for them as they are seeking to be healthy.

The faculty, administrators, and staff can also be given the tools and resources they need to take care of themselves. The seminary can provide practical healthy-living

[122] Several of the interviewees for this study made comments about the kinds of positive and negative health messages they were receiving from the people working at CTS.

workshops, events, and classes, as well as incentives for participating in these events. Incentives might include running a health incentive campaign where participants can win health-oriented gift cards (such as massages, fitness and nutritional consultations, etc.), providing longer lunch hours for staff required to clock out and in so they can have time to go for a walk *and* eat their lunch, offering discounts for memberships to local gyms, or providing bonuses that are based on reaching the individual's health and wellness goals.

Conclusion

The United States is currently undergoing a major health crisis, particularly in regard to high rates of obesity and related risk factors, high stress levels, and sedentary lifestyles. This is having a tremendously negative impact on us as individuals, communities, and beyond. Even more alarming are the studies that show that the rates of obesity, blood pressure, cholesterol, and mental illness are higher among clergy than those they serve, and that many congregation members tend to be less healthy than those who do not attend houses of worship. Unfortunately, this study confirms that many of the health concerns afflicting clergy are also negatively impacting the students at CTS, who are themselves plagued by obesity, high blood pressure, high cholesterol levels, and mental illness.

It does not have to be this way! In fact, the Church can be at the forefront of addressing these health concerns by making seminaries models of health and wholeness. This will not only improve the well-being of those in the seminary community, but will also empower those working in the parish setting to share the Good News and help assist others to live into the abundant life that God wants for us all. What is even more exciting

is that the overwhelming majority of the students who participated in the survey and interviews for this study feel called to be a part of such a movement. Thanks be to God!

Every project has its limitations, which means there are always opportunities for further research. I would like to expand this study to include other PCUSA seminaries and, hopefully, seminaries of other denominations. While this project provides some data not previously available, the sample size of the study is small. I would like to be able to do a cross-sectional analysis of the geographical, ethnic, and other differences among seminary students. Additionally, I would like to begin evaluating the health trends of students at CTS and then follow them post-graduation, particularly as the HSHC continues to offer its services to the CTS community, as a way of evaluating the long-term efficacy of our work with them. Finally, an area I began to explore in this project, though without using a particular scientific model or methodology, is the level of stress and anxiety that seminarians experience, particularly in regard to their sense of call. I believe that is an area of research that is severely lacking and one I would like to pursue further in the years to come.

A number of times throughout this paper, I have called upon the concept of abundant life Jesus promises: "I came that they may have life, and have it abundantly" (John 10:10b). While this concept is often quoted as a feel-good summation of Jesus' purpose, Jesus himself offered it in the very real context of a world where abundant life, while offered, is not always the reality for everyone. In order to gain a sense of Jesus' fuller meaning, we have to remember the entire verse: "The thief comes only to steal and kill and destroy. I came that they may have life, and have it abundantly" (John 10:10). Jesus knew that there is, indeed, a thief who comes to steal and kill and destroy, to take

from us the abundant life Jesus wants to give. The thief comes in many different guises—violence, greed, fear, and addiction, to name but a few—and is masterful at repackaging itself depending on the given culture and era. However, this thief is always, essentially, rooted in humanity's innate sinfulness, its attraction to rebellion against God, and separation from the wholeness which God wills to give.

In our day and age, one of this thief's most attractive presentations is that of radical individualism, the firm belief that we have an innate right to ignore our divinely gifted interdependence with community and environment and serve no one but ourselves. When this self-serving individualism is taken to its extremes, we get a world that produces enough calories for every single person to have enough, but where one significant portion of the population is overweight or obese while another is persistently undernourished. We find ourselves in a world where people are both more connected, but perhaps lonelier than they have ever been, where we have more life-saving and labor-saving technologies than humankind has ever known, but get less sleep and less exercise, as well as find ourselves sicker with preventable illnesses and feeling more chronically stressed over fewer existential concerns than our ancestors could possibly have imagined. Different manifestations, same thief.

Fortunately, Jesus' promise of abundant life is a deeper reality than the thief could ever hope to be. Jesus calls us to an abundant life in relationship with God, neighbor, and self in a way that has the Trinity as its model—balanced togetherness and distinctiveness at its core. It is the Church's charge and responsibility both to live and model this abundance. If today's thief steals, kills, and destroys though dividing us from one another and using our society's wealth and advancement against us, then it is the

Church's obligation to show an abundant life marked by the recognition and celebration of interdependence, mutual care, and moderation born of respect for the needs of all. This is where the role of health and wholeness in abundant life comes in to play. Our current societal unhealth is simply a barometer of the thief's effectiveness, and if the even greater relative unhealth of both clergy and churchgoers is any indication, then the thief is being unduly successful at stealing, killing, and destroying in the very seat of abundant life itself. That is a sobering thought.

It can be different! One of the central watchwords for the Presbyterian church's tradition is *ecclesia reformata, semper reformanda*—the Church reformed, always reforming. If the same thief can come under different guises, then the Church itself must be ready to respond and minister in ways that are both loving and appropriate to the task at hand. If the thief in our era's manifestation steals, kills, and destroys through unhealth and division, then the Church must lead through an even greater commitment to abundant life by way of health and wholeness. And our seminaries, with the tremendous influence they bear in training pastors, are a critical part of showing the way by

- rethinking the role of health as a central aspect of what it means to serve in God's name
- revising not just the curriculum but the entirety of campus life around the exploration and promotion of greater health
- becoming centers of reimagining the fundamentally interdependent nature of health and what that means not just to individuals and local communities but also to the world and the Creation

In these ways seminaries can offer an even greater and more complete version of what truly is the faithful life, faithfully lived. Healthier seminarians become healthier pastors, healthier pastors can help create healthier churches, and healthier churches can be the

linchpin of a healthier world. Thus, does Jesus' promise of abundant life once again foil the thief whose sole purpose is to take away that which our Lord wants to give.

Deus nobiscum, quis contra? God is with us, who can be against us? Thanks be to God.

Appendix A

"Making Seminaries Models of Health and Wholeness"
PROJECT DIRECTOR: Karen H. Webster
SUPERVISOR: Dr. Stan Saunders, Associate Professor of New Testament

INFORMED CONSENT FORM

I, _____(← please print name) hereby agree to participate in the above named research project (detailed description provided on back of this page), and, if interviewed, to have my interview recorded and transcribed. I understand that my interview may be quoted in any final reporting of the project in print or online.

I do_____ do not_____ give permission to be quoted by name.

I understand that I have the right not to answer any question/that any answer is acceptable; and I may stop my participation at any time, and that I may withdraw any or all of these consents at any time up to the final publication of project results by contacting the project director *in writing* at the email or street address listed above. If I have any questions about the project, I may write, email or phone the project director, supervisor, or Chairperson of the Columbia Institutional Review Board at any time.

I do ____ do not____ give permission to be contacted with any follow-up questions following my survey/interview at:

(if yes, please enter phone number or email address:)_____

I would_____ would not_____ like to receive a draft of the research for participants' review prior to publication.

(if yes, please enter email or U.S. mailing address:)_____

_____

Signed (participant*):_____Date _____

INFORMED CONSENT FORM (CONTINUED)

PROJECT TITLE: "Making Seminaries Models of Health and Wholeness"
PROJECT DIRECTOR: Karen H. Webster

This project is being conducted in partial fulfillment of the Doctor of Ministry degree at Columbia Theological Seminary.

The purpose of the project: to survey some students at Columbia Theological Seminary in order to understand what personal health issues are impacting them as well as learn from them what they believe the Church's role is in addressing these various health issues from both theological and practical perspectives.

The types of issues and questions you will be asked to respond to include:

- What health issues are currently impacting you?
- What health and medical problems are impacting your family, congregation, and community? Which ones are you most interested in learning more about and/or taking some active steps to address?
- If you attended church growing up, did your congregation(s) address matters of health from a practical standpoint? Did your congregation(s) address matters of health from a theological perspective?
- What role do you think seminaries should have in addressing issues of health?

Benefits and Risks: by participating in this interview you will help me, the Healthy Seminarians – Healthy Church Initiative, Columbia Theological Seminary, and other organizations and institutions learn about some of the personal health issues impacting seminary students and gain insight into how we can effectively assist seminary students in addressing these health concerns from both practical and theological perspectives. Participants in this study are being asked to talk about their health, which can sometimes elicit negative and/or uncomfortable feelings. Your participation in this study is completely voluntary. You do not have to answer any questions that make you feel uncomfortable, and you can discontinue the interview at any time.

The research procedure chosen for this project is: structured interview

Confidentiality: all interviews will be conducted in the HSHC office and will be digitally recorded. A password-protected document will be created that will list each participant's name and the number that has been assigned to them. The interviewer will not mention the participant's name when recording him or her, but will only refer to his/her number at the beginning of the interview. The digital recorder will be stored in a lockbox in the HSHC office. Once the participant's information has been transcribed to a password-protected document, the digital recording of the interview will be erased.

Projected Outcomes: Very little research has been done on graduate students in general and seminary students in particular. Therefore, it is my hope that the information gathered in this project will help me, the HSHC, and CTS address some of the current health concerns of CTS students, while also informing and shaping future research projects that are focused on seminarian health.

Initial plans for publication/dissemination: my goal is to have this Doctor of Ministry project done by the spring 2016.

Costs and Payments: there are no costs for participation in this study. Participation is completely voluntary and no payments will be provided**.**

This research project was approved by the Institutional Review Board of the Human Subjects Socio-Religious Research Policy, Columbia Theological Seminary, Decatur, GA, on July 5, 2015. Approval will remain in effect for the duration of the researcher's tenure as a D.Min. student of the Seminary. For further information, or if you have any questions, you may contact the **Chairperson of the Columbia Seminary Institutional Review Board**: Current contact information is available from the Columbia Office of Academic Affairs, P.O. Box 520, Decatur, GA 30031; 404-378-8821 x 521.

Appendix B

Karen Webster Doctor of Ministry Project
Interview Questions

Basic Information:

- What degree are you pursuing and year of graduation?
- Are you seeking ordination?
- Denomination?
- What are your vocational goals?

Family History

- Where did you grow up (prior to college)?
- What was it like growing up in your family (number of siblings, what did your parents do occupationally, and so forth)?
- What kind of medical issues were of concern in your family and community?
- What kind of extracurricular activities and or hobbies were you involved with?
- When you were growing up, did your family emphasize healthy habits (healthy eating, exercise, getting enough sleep, etc.)?
- What kind of eating habits did your family have? Was food mainly prepared at home?
    - If yes, who prepared it? Was it made from scratch or a box?
    - If no, where did your meals come from (fast food and/or restaurants, pre-made meals from the grocery store, etc.)?
- Did you eat together as a family or did each family member sort of do his/her own thing when it came to meals?
- Did you talk much about "making healthy food choices" as a family?
    - Or, was there someone in particular who was most vocal either in promoting or dissuading healthy food choices?

- Was exercise a priority in your family? In others words, did you talk about it much and/or were you and/or other family members involved in team sports, or regular gym users, etc.?
    - Or, was it something that really wasn't talked much about?

Church Background

- Did you and/or your family go to church when you were growing up?
    - If yes, what kind of churches were you and/or your family involved with?
    - What kind of activities did your family participate in?

- Did your congregation(s) (in worship, sermons, classes, and meetings) address matters of health from a **practical standpoint?**
    - If yes, please what kind of things were taught and/or emphasized. How frequently were they talked about?
    - If your congregation(s) did not address matters of health from a **practical standpoint** when you were growing up, why do you think they did not?

- Did your congregation(s) (in worship, sermons, classes, and meetings) address matters of health from a **theological standpoint**?
    - If yes, please indicate what kind of things were taught and/or emphasized. How frequently were they talked about?
    - If your congregation(s) did not address matters of health from **theological standpoint** (in worship, sermons, classes, and meetings) when you were growing up, why do you think they did not?

College

- Where did you go to college?

- What was your major?

- What were you planning on doing vocationally?

- What kind of extracurricular activities were you involved with?

- Was exercise a priority for you?
    - If so, how often did you exercise and what kinds of things did you do?
    - If not, why wasn't it a priority?

- What were your food practices like? In other words, did you primarily eat what was provided through the college's dining services, fast food, prepare meals for yourself, etc.?

- What was your stress level like back then?
    - What were your major stressors?
    - What was your stress like in comparison to your stress levels now?

- Did you work? If yes, what did you do and how many hours/week did you work?

- Did you incur financial debt while in college? If so, how much?

Prior to Seminary (when applicable)

- Marital status, # of children, etc.

- What were you doing vocationally prior to coming to seminary? How long had you been working in that field?

- What kind of organizations and hobbies were you involved with?

- What kind of eating habits did you have? Do you primarily prepare food at home, eat out, hybrid of the two?
    - If yes, who prepared it? Was it made from scratch or a box?
    - If no, where did your meals come from (fast food and/or restaurants, pre-made meals from the grocery store, etc.)?

- Did you eat together as a family or did each family member sort of do your own thing when it came to meals?

- How conscious were you (how much did you talk about as a family) "making healthy food?" Was there someone in particular who was most vocal either in promoting or dissuading healthy food choices?

- Was exercise a priority for you?
    - If so, how often did you exercise and what kinds of things did you do?
    - If not, why wasn't it a priority?

- What was your stress level like prior to coming to seminary?
    - What were your major stressors?
    - What was your stress like in comparison to your stress levels now?

- Do you currently work?
    - If yes, what do you do and how many hours/week do you work?
- Did you enter seminary with financial debt? If so, how much?

Current Health Information

- Age, Height, Weight
- Do you currently have any diagnosed medical conditions? If yes, how long? Overall, how do you feel today? (Excellent/Very Good/Good/Okay/Poor)
- What are your current feelings towards your body?
- Are you currently exercising? If so, describe:
- Do you have a hard time sticking with an exercise program?
    - If yes, what has made you quit in the past?
- Are you currently trying to lose weight?
    - If so, how much:
    - Are you willing to adopt a nutritional lifestyle change to achieve this goal?
    - Is there a nutritional plan or "diet" you have tried in the past that was successful (even for a short period of time)?
- Do you smoke tobacco?
    - If yes, how much?
- Did you ever smoke tobacco?
    - If yes, quit date:
- Do you drink?
    - If yes, how much (1-2, 3-5, 6-9, 10-13, 14+)?
- What is your current stress level: personal life/family, school, work (if applicable)? From a scale of 1 -10.
- How many hours of sleep (on average) do you get each night?
- How much interest (significant, little, none) do you have in learning more about each of the following?
    - Individual health
    - Family health
    - Congregational health
    - Health in the community
    - Environmental health
- Do you think seminaries should actively address personal health issues as part of your theological education?
    - If no, why not?
    - If yes, why?

  - If yes, are there any specific health related activities you would like to see offered at your seminary?
  - If yes, should seminaries offer health-oriented classes that students can receive academic credit for? If so, what kind of class could you imagine?

- In your planned vocation, do you plan to address health matters?
  - If yes, what do you think your primary area(s) of concentration will be?
  - If no, why not?

- Is there anything else you would like to share with me?

(End of Interview)

Appendix C

On Line Survey

Introduction

Dear fellow CTS student,

Thank you for taking the time to fill out this survey! The information you provide will not only be useful for my D.Min. project, but it will also be extraordinarily valuable to the Healthy Seminarians- Health Church Initiative, Columbia Theological Seminary, other seminaries, our denominations and beyond.

The purpose of this survey is twofold:
- Identify the health issues impacting the students of Columbia Theological Seminary.
- Learn from the students what they believe to be the Church's role in formulating effective theological and practical approaches to these various health issues.

Note: Results are confidential and individuals will not be identified in any way. All the questionnaires will be tabulated to report general information about seminarians' health.

Using the information we gather, we hope to discern some of the tools and resources that seminarians need so that they can not only live more fully into the abundant life Jesus came to offer us, but also model that abundant life to their congregations.

Again, thank you for helping me with this project!

Peace,
Karen H. Webster
CTS D. Min. student

Please note:

"Health" is used here in its broadest sense to describe:(1) physical health, (2) spiritual health, and (3) emotional health of the individual as well as (4) communal health and (5) ecological health. Each of these five areas is important and distinct, yet at the same time, each is deeply interconnected with the other four.

Using this broader view of health, please answer the following:

1. What degree are you pursuing?

2. Anticipated graduation date? (for example: spring 2016)

3. Are you seeking ordination?

- ◯ Yes
- ◯ No
- ◯ Undecided

4. What is your denominational affiliation?

5. What are your vocational plans?

- ☐ Serve as a pastor in a church
- ☐ Military chaplain
- ☐ Missionary
- ☐ Non-profit/community activist
- ☐ Social work
- ☐ Urban Ministry
- ☐ Hospital Chaplain
- ☐ College chaplain/college ministry
- ☐ Professor/academics/education
- ☐ Other (please specify)

6. Gender

- ◯ Male
- ◯ Female
- ◯ Other (please specify)

7. Which of the following best represents your racial or ethnic heritage?

- [ ] Non-Hispanic
- [ ] White or Euro-American
- [ ] Latino or Hispanic American
- [ ] South Asian or Indian American
- [ ] Native American or Alaskan Native
- [ ] Black, Afro-Caribbean, or African American
- [ ] East Asian or Asian American
- [ ] Middle Eastern or Arab American
- [ ] Multiracial (please specify)

8. Age:

- ( ) 20-29
- ( ) 30-39
- ( ) 40-49
- ( ) 50-59
- ( ) 60 and older

9. Height (inches):

10. Weight (lbs.):

11. Have you ever been diagnosed with any of the following conditions? (Please check all that apply)

- [ ] High Blood Pressure
- [ ] Depression
- [ ] Asthma
- [ ] High Cholesterol
- [ ] Eating Disorder
- [ ] Heart Attack
- [ ] Obesity (40+ lbs. over ideal weight)
- [ ] Cancer
- [ ] Stroke
- [ ] Diabetes
- [ ] Thyroid
- [ ] Anxiety
- [ ] Arthritis
- [ ] None of the above
- [ ] Other (please specify)

12. In the past year have you seen any of the following? (Please check all that apply)

- ☐ Primary care provider (physician, nurse practitioner, or physician assistant)
- ☐ Mental health provider (psychiatrist, psychologist, pastoral counselor, or other licensed therapist)
- ☐ Spiritual health professional (spiritual director, coach, counselor, organized spiritual retreat, etc.)
- ☐ None of the above

13. Overall, how do you feel today?

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Okay
- ○ Poor

14. Rate your exercise level for each age range through your present age: (1 = Sedentary to 10 = Strenuous)

	1	2	3	4	5	6	7	8	9	10
Age 20 and under	○	○	○	○	○	○	○	○	○	○
Age 21-30	○	○	○	○	○	○	○	○	○	○
Age 31-40	○	○	○	○	○	○	○	○	○	○
Age 41-50	○	○	○	○	○	○	○	○	○	○
Age 51-60	○	○	○	○	○	○	○	○	○	○
Age 61 and older	○	○	○	○	○	○	○	○	○	○

15. Are you currently exercising?

If yes, please describe what you are doing:

If no, please explain why you are not:

16. Do you have a hard time sticking with an exercise program?

○ No

○ Yes

If you answered yes, what has made you quit exercising in the past?

17. Are you currently trying to lose weight?

○ Yes

○ No

18. If you are currently trying to lose weight, please indicate the following:

How much weight are you trying to lose?

Are you willing to adopt a nutritional lifestyle change to achieve your goal? (Yes/No)

Is there a nutritional plan or "diet" you have tried in the past that was successful (even for a short period of time)? Please explain.

19. Do you currently use tobacco (cigarettes, cigars, pipe, chew, dip, snuff)?

☐ No

☐ Yes

If yes, how much, how frequently, how many years?

20. Have you ever used tobacco (cigarettes, cigars, pipe, chew, dip, snuff)?

☐ No

☐ Yes

If yes, how much, how frequently, for how long?

21. Do you drink alcohol?

☐ No

☐ Yes

If yes, how many drinks do you typically consume/ week? (For example: 1-2, 3-5, 6-9, 10-13, 14+)

22. Please indicate your current stress level: (1 = low to 10 = high):

	1	2	3	4	5	6	7	8	9	10
Personal life/family	○	○	○	○	○	○	○	○	○	○
School	○	○	○	○	○	○	○	○	○	○
Work (if applicable)	○	○	○	○	○	○	○	○	○	○

23. How many hours of sleep (on average) do you get each night?

○ Less than 6 hours

○ 6-7 hours

○ 7-8 hours

○ 8-9 hours

○ 9 or more hours

24. What health and medical problems are impacting your family, congregation, and community? (Please check all that apply)

- ☐ Poor health habits
- ☐ Substance abuse problems
- ☐ Primary caregiver for another person
- ☐ Accessibility of health care (under/uninsured persons lack of services, etc.)
- ☐ Sexual health concerns
- ☐ Need for personal counseling
- ☐ Chronic illness or disability
- ☐ Grief and/or loss
- ☐ Housing problems
- ☐ Obesity
- ☐ Physical/emotional abuse or neglect
- ☐ Job problems
- ☐ Depression
- ☐ Problems in relationships with others
- ☐ End of life issues
- ☐ Anxiety
- ☐ Barriers to raising healthy children
- ☐ Problems with stress
- ☐ Persons ill at home
- ☐ Need for spiritual renewal and focus
- ☐ Other (please list)

25. Which of the following community health issues are you most concerned about? (Please check all that apply)

- ☐ Too few doctors/hospitals
- ☐ Difficulty getting medical services
- ☐ Inadequate health promotion/illness prevention programs
- ☐ Lack of some medical services
- ☐ Poor access to adequate pre/post-natal care
- ☐ Substandard housing or homeless
- ☐ Lack of accountability for health/medical services
- ☐ Other (please list)

26. Which of the following environmental health issues are you most concerned about? (Choose up to 5)

- ☐ Air pollution
- ☐ Carbon footprint
- ☐ Climate change
- ☐ Consumerism, over-consumption, and their effect on the planet
- ☐ Contamination of drinking water
- ☐ Ecosystem destruction
- ☐ Energy conservation
- ☐ Fishing and its effect on marine ecosystems
- ☐ Food safety concerns (GMOs, food poisoning, etc.)
- ☐ Intensive farming (overgrazing, monoculture, methane emissions, etc.)
- ☐ Land use (urban sprawl, lack of free space, habitat destruction, etc.)
- ☐ Natural disasters and their impact on all aspects of the environment
- ☐ Overpopulation
- ☐ Ozone depletion
- ☐ Soil contamination
- ☐ Toxins (pesticides, herbicides, toxic waste, PCB, etc.)
- ☐ Waste (food packaging, e-waste, improper dumping, etc.)
- ☐ Water pollution
- ☐ Wildlife conservation
- ☐ Other (please specify)

27. How much interest do you have in learning more about and taking some active steps to improve health on each of these issues? (Please check all that apply)

	No Interest	Some Interest	A lot of Interest
Individual health issues	☐	☐	☐
Family health issues	☐	☐	☐
Congregational health	☐	☐	☐
Health in community	☐	☐	☐
Environmental health	☐	☐	☐

28. When you were growing up, did your family emphasize healthy habits (healthy eating, exercise, getting enough sleep, etc.)?

If yes, what habits were practiced/attempted?

If no, why do you think this was so?

29. Did you attend church when you were growing up (prior to college)?

- ○ Yes
- ○ No

30. When you were growing up, did your congregation(s) (in worship, sermons, classes, and meetings) address matters of health (physical, emotional/mental, spiritual, social/relational, and environmental) from a practical standpoint?

- ○ Yes
- ○ No

31. If yes, please indicate what kind of things were taught and/or emphasized in each of the following areas: (Write "N/A" if it wasn't taught/emphasized)

Physical health

Emotional/mental health

Spiritual health

Social/relational health

Environmental health

32. How frequently were matters of physical health emphasized from a practical perspective in the congregation(s)?

Weekly	Monthly	Couple times a year	Annually	Not emphasized
○	○	○	○	○

33. How frequently were matters of emotional/mental health emphasized from a practical perspective in the congregation(s)?

Weekly	Monthly	Couple times a year	Annually	Not emphasized
○	○	○	○	○

34. How frequently were matters of spiritual health emphasized from a practical perspective in the congregation(s)?

Weekly	Monthly	Couple times a year	Annually	Not emphasized
○	○	○	○	○

35. How frequently were matters of social/relational health emphasized from a practical perspective in the congregation(s)?

Weekly	Monthly	Couple times a year	Annually	Not emphasized
○	○	○	○	○

36. How frequently were matters of environmental health emphasized from a practical perspective in the congregation(s)?

Weekly	Monthly	Couple times a year	Annually	Not emphasized
○	○	○	○	○

37. If your congregation(s) did not address matters of health (physical, emotional/mental, spiritual, social/relational, and environmental) from a practical standpoint (in worship, sermons, classes, and meetings) when you were growing up, why do you think they did not?

38. Growing up, did your congregation(s) (in worship, sermons, classes, and meetings) address matters of health (physical, emotional/mental, spiritual, social/relational, and environmental) from a theological standpoint?

- ○ Yes
- ○ No

39. Please indicate what was taught and/or emphasized in each of the following areas: (Write "N/A" if it wasn't taught/emphasized)

Physical health	
Emotional/mental health	
Spiritual health	
Social/relational health	
Environmental health	

40. How frequently were matters of physical health emphasized from a theological perspective in the congregation(s)?

Weekly	Monthly	Couple times a year	Annually	Not emphasized
○	○	○	○	○

41. How frequently were matters of emotional/mental health emphasized from a theological perspective in the congregation(s)?

Weekly	Monthly	Couple times a year	Annually	Not emphasized
○	○	○	○	○

42. How frequently were matters of spiritual health emphasized from a theological perspective in the congregation(s)?

Weekly	Monthly	Couple times a year	Annually	Not emphasized
○	○	○	○	○

43. How frequently were matters of social/relational health emphasized from a theological perspective in the congregation(s)?

Weekly	Monthly	Couple times a year	Annually	Not emphasized
○	○	○	○	○

44. How frequently were matters of environmental health emphasized from a theological perspective in the congregation(s)?

Weekly	Monthly	Couple times a year	Annually	Not emphasized
○	○	○	○	○

45. If your congregation(s) did not address matters of health (physical, emotional/mental, spiritual, social/relational, and environmental) from a theological standpoint (in worship, sermons, classes, and meetings) when you were growing up, why do you think they did not?

46. Do you think seminaries should actively address personal health issues as part of your theological education?

○ Yes

○ No

47. If yes, are there any specific health related activities you would like to see offered at your seminary? (Please check all that apply and add others if needed)

- ☐ Health risk appraisals
- ☐ Fitness consultations
- ☐ Nutritional consultation
- ☐ Healthy cooking demos
- ☐ Meatless Mondays (in dining services)
- ☐ Running groups
- ☐ Walking groups
- ☐ Strength training classes
- ☐ Yoga classes
- ☐ Alternative health practices (e.g., yoga, Reike therapy, etc.)
- ☐ Health fairs/Health Awareness Week
- ☐ Financial health seminars
- ☐ Stress management seminars
- ☐ Services of prayer and healing
- ☐ Health-oriented small groups
- ☐ Weight control small groups
- ☐ Support for persons with mental illness
- ☐ Smoking cessation programs
- ☐ Illness/disability support groups
- ☐ Alcohol/substance abuse support groups
- ☐ Gardening/sustainable living classes
- ☐ Composting on seminary campus
- ☐ Other (please specify)

48. If you think seminaries should not actively address personal health issues as part of your theological education, please explain why.

49. In your planned vocation, do you intend to address matters of health?

- ○ Yes
- ○ No

50. If yes, what do you think your primary area(s) of concentration will be?

- ☐ Access to affordable medical care
- ☐ Alcohol/substance abuse
- ☐ Cancer
- ☐ Childhood Obesity
- ☐ Diabetes
- ☐ Disability advocacy
- ☐ Eating disorders (anorexia, bulimia, etc.)
- ☐ Environmental/sustainability issues (carbon footprint, climate change, pollution, toxins, etc.)
- ☐ Exercise (running, walking, biking, strength training, yoga, etc.)
- ☐ Food justice (fair wages, safe working conditions, etc.)
- ☐ Financial health
- ☐ Heart disease
- ☐ Homelessness
- ☐ Human trafficking
- ☐ Immunization and other infectious diseases (AIDS, HIV, malaria, MRSA, polio, etc.)
- ☐ Malnutrition/hunger
- ☐ Mental health (anxiety, depression, etc.)
- ☐ Nutrition
- ☐ Obesity (in general)
- ☐ Stress management
- ☐ Smoking cessation programs
- ☐ Spiritual health (prayer, meditation, daily devotions, journaling, Sabbath observing)
- ☐ Unemployment issues
- ☐ Other (please specify)

51. If you do not intend to address matters of health in your planned vocation, please explain why.

52. Is there anything else you would like to share with us?

Thank you for filling out this survey!

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