

Strategies for Emotional Healing among Adventist Pastors in Central Kenya

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Abstract: This paper explored how pastors in Central Kenya Conference can experience emotional healing using 40 pastors as participants in the questionnaire and eight pastors' representatives in the interview as informants. The study employed a questionnaire and an interview protocol as data collection instruments. The questionnaire was administered to the purposively selected participants, five (5) from each of the eight stations. In addition, interviews were conducted with the eight pastors' representatives to deduce their particular views and perspectives on emotional hurt and healing. Five items emerged: prayer, sermons, good relationships, forgiveness and counselling support as healing strategies. The study thus recommends that for emotional healing and/or wellbeing to take place, pastors should be intentional about prayer, believing in what they preach, reconciling their broken relationships, forgiving in order to be forgiven and embracing counselling services.

Keywords: *Congregant; pastors; emotional damage; emotional healing; challenge; relationship.*

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Introduction

Emotions are an essential component of personhood. The scripture not only speaks about emotions but it also speaks through our emotions. The Bible is filled with emotional expressions which are designed to communicate with our rationality and stir us emotionally, thus affirming our emotionality (Benner, 1984). According to Sakenfeld (2007), emotions refer to a conscious behavior or psychological occurrence caused by a stimulus or body excitement that result in an intense manifestations like love, fear, or anger.

This unconscious response of the body to certain stimuli either outside or within portrays a positive or negative behavior like joy, happiness, aggression, anger, sadness, fear or disgust that may lead to loss of rational control over oneself (Atkinson, 1995). Emotional damage appears in form and manner that

lead to unhappy memories. As such, the wounds may need a multi-dimensional approach to heal the body, the mind and the soul. Healing means keeping no grudge that broods to conflicts, which later may affect human relationships (Mbiti, 2010).

Similarly, Magezi (2006) believes that emotional healing is a question of relationships: how one relates with God and man. Thus, he argues that to be emotionally healthy and experience peace of mind, one requires a healthy relationship with God and man. A healthy relationship is about restoring the individual from the issues that drain their energy in the ministry to experience healing. According to McSwain and Treadwell (2007), while ministry conflicts will always erupt in various forms, we must recognize that reconciliation is a gift of God that is not earned but given. As the church was given the ministry of reconciliation (2 Cor. 5:16-20), ministers

need to be agents of reconciliation for healing and restoring relationships.

In other words, there is a need for ministers to apply Christian principles of forgiveness, love and reconciliation which result into a person's dynamic growth (Phil.3:14). Magezi (2006) believes that emotional healing is a question of relationships: how one relates with God and man. The author further argues that to be emotionally healthy and to experience peace of mind requires a healthy relationship with God and man. A healthy relationship is about restoring the individual from the issues that drain their energy in the ministry to experience healing.

Forgiveness is nothing but to love the unlovable and to do well to them" (Luke 6:27-28). It is also to "bear with each other and to forgive whatever grievances one may have against another (Col 3:13, NIV). It is an act of God's Love that compels one to bear with another. Allan (2006) observes that biblical forgiveness involves letting go of bitterness and revenge and graciously giving pardon to those who ask. According to John, forgiveness originates with God through "Christ who is an advocate of the sinners" (1 John 2:1-2). He clearly states that forgiveness is possible through Christ. Christians should therefore learn to forgive as God forgives in Christ. He also calls each believer to love neighbors and enemies, praying for those who hurt us.

Healing should not be viewed as an event but a long-term process that addresses the emotional damage. Its concern is transforming the state by restoring brokenness in life. Additionally, healing is a growth process in grace at every level of one's life (Seamands, 2015). It is evident that healing from this context revolves around what Lartey (2007) explicates to be a restoration of health, including but not limited to the body's capacity to self-heal. Sometimes people hurt others unintentionally or by circumstances. Forgiveness is a vehicle to overcome hurts that produce negative emotions. This study therefore, sought to establish a strategy for emotional healing among Adventist Pastors in Central Kenya Conference which is one of Seventh-day Adventists institutions in Kenya. It covers five counties in the Republic.

Review of Related literature and Studies

Literature presents findings on emotional healing from across the globe. According to analysis of 270 pieces of research on emotional healing, it is evident that studies related to emotional healing have been

carried out since 2010 and healing methods have been expanding in various lines of professions (Park, 2021). However, whereas emotional issues such as burnout affect pastors, therapists, social workers, medical professionals and other caregiving professionals, there is a need to study the problems among the clergy separately, given the unique nature of their work and their calling to ministry (Chen, 2020; Hybels, Blazer & Proeschold-Bell, 2018). Therefore, studies reviewed here majorly focused on different ways through which issues of emotional health have been dealt with among the clergy.

To start with, a hermeneutical phenomenological study was conducted in both Chinese and American churches, exploring the relationship between face management and two characteristics of servant leadership: awareness and healing. The aim was to develop therapeutic interventions for addressing face and shame. It was concluded that there were four major management strategies for dealing with conflict: avoiding, competing, cooperating and transcending. The first two were deemed harmful, so the focus was to help the clergy move towards the latter (Cook, 2021).

Down South, in a bid to establish the spiritual struggles of faith leaders in Colombia and how these struggles relate to their quality of life, a study of 166 faith leaders from Christian churches and organizations was conducted utilizing the following instruments: Religious and Spiritual Struggles Scale, together with assessment of Posttraumatic Stress Disorder (PTSD) and Major Depressive Disorder (MDD) symptomatology. The frequencies of their spiritual struggles were distributed as follow: divine, 5.4%; morality, 29.9%; ultimate meaning, 18% and doubting 16.2%. The study thus brought out the need to address clergy's emotional, spiritual and educational needs not only in Colombia but in the world (Currier, et al., 2019).

Studies on emotional health have also been carried out in Europe. For instance, Walker, Lankshear and Vann (2018) conducted a study on the well-being of 101 clergies from one Diocese in England, employing either the Maslach Burnout Inventory or the Francis Burnout Inventory.

One significant finding emerged: that positive effect counteracted the negative affect in ministry – a positive effect referred to stability, which results from being housed; success and support, especially from elating or elevating experiences in ministry,

coupled with support and affirmation; and Sabbath, referring to offs, leaves and holidays while negative effect referred to emotional exhaustion as a result of overload or overtime. In Australia, an analysis of 152 clergies who participated in retreats of a spiritual nature indicated that the retreats were significant in bringing about restoration (Gil, Packer & Ballantyne, 2018).

In Africa, not much has been done on mental and emotional well-being. Some of the common psychological issues African priests and religious leaders face include stress, depression, burnout, compassion fatigue, anxiety and addiction (Egunjobi, 2019). Another challenge is infidelity in many. A study examining emotional exhaustion among 562 ministers in Nigeria indicated that emotional exhaustion among ministers was strongly linked to several sexual attitudes. The differences existed among the clerics based on their gender (Nwaka, Akinnawo, Awaritefe & Akpunne (2019). In Ghana, while examining the views of 20 Pentecostal clergies about the place of mental healthcare in their practice, the clergy favored the diabolical explanatory model compared to the biomedical one. Therefore, they tended to exorcise demons and offer social support and education to the members instead of referring them to medical help (Asamoah, Osafo & Agyapong, 2014).

In the Southern part of Africa, emotional health-related issues still exist. Murambidzi (2016) conducted a study to examine how clergy conceived, recognized and responded to mental illnesses. From 10 denominations, 28 in-depth interviews revealed that the clergy conceived the matter emanating from natural (biological and psychosocial) factors and supernatural (malevolent and benevolent) factors. In South Africa, a study was conducted on the conception of depression according to five Muslim clergies who worked in a faith-based organization. The study revealed three findings: first, depression was a real illness; secondly, depression had a spiritual destiny; and lastly, depression was sadness that was not allowable. The study thus helped clarify that it was erroneous for biomedical practitioners to assume that the term depression was understood in the same way in contexts that were not medical. This led to the recommendation on the need for clergy to educate health practitioners on these conceptions to improve how care was given and how biomedical interventions were adhered to by the laity.

In Kenya, Mwangi's (2020) study was conducted to relate pastoral ministry and emotional exhaustion among priests in Murang'a Diocese. The findings indicated high levels of burnout, especially for those not working in rural areas. Furthermore, a study of 160 respondents from selected mainstream churches in Nairobi was conducted to determine the prevalence of depression among clergies aged above 60 years. The findings revealed that most respondents had mild or moderate depression, with the leading cause being financial challenges before and after retirement (Omungo, Kihara & Wachira, 2020).

Methodology

The research design employed was phenomenological to describe the participants' experiences. Being descriptive in nature, it mainly used the Interpretative Phenomenological Analysis (IPA), which allowed the researcher to utilize a relatively small homogenous sample to examine the convergence and divergence of details, thus providing a descriptively deep and rich analytical process (Smith, 2009). It also allowed the researcher to gather multiple forms of data (Creswell, 2014).

Creswell (2014) explains the need to determine the sample size when selecting participants for a study. However, scholars have no definite agreement on the sample size in qualitative studies. The population of the study was 201 pastors from the Central Kenya Conference (a church administrative region that spanned 17 out of the 47 county governments in Kenya). The Conference is administratively divided into eight entities referred to as Stations, namely Kajiado, Isiolo, Meru, Mt. Kenya East, Mt. Kenya West, Ukambani East, Ukambani West and Nairobi. Since a sample size of the participants should represent the population as adequately as possible (Sensing, 2011), five pastors were purposively selected from each of the eight stations with the help of the eight-station pastors' representatives, giving a sample size of 40 pastors. A questionnaire was administered to collect their views on emotional healing among pastors. A follow-up interview was conducted on the eight pastor's representatives to provide in-depth information as it is recommended in phenomenological research that the process of collecting information should involve primary in-depth interviews to describe the meaning of the phenomenon based on their experiences (Creswell, 2014).

The validity (face and content) and the reliability of the questionnaire and the interview protocol were ascertained by academic experts from the theological seminary at the Adventist University of Africa and from one counselling psychologists who was also a pastor.

After data collection, the researcher began a data coding process, identifying common themes from the questionnaire and the interviews. The researcher adopted Moustakas's (1994) structured approach of data analysis that bracketed his opinion away from the issue under investigation, setting aside prejudgments, biases and preconceived ideas about lived experiences of the participants (Alase, 2016).

The study purpose was explained to each participant by signing a consent form. The participants were also informed that participation was voluntary and they could withdraw from participating at any time. Each pastor was interviewed either in their office or at a place of his convenience. Confidentiality of the participants was maintained, including anonymity (Creswell, 2014).

Results and Discussion

This part presents the findings of the study based on the data collected from the field regarding emotional healing among Adventist pastors in the Central Kenyan Conference. The study was guided by the following research question: What strategies are used to achieve emotional healing among Adventist pastors in the Central Kenya Conference?

Prayer

Prayer was one of identified strategies for emotional healing as revealed by pastors and their representatives. In particular, 89 per cent of respondents mentioned it: "The more you spend time in prayer, seeking God's direction, the more you receive healing" (R1). Another respondent had this to say: "The dignity of ministry is not on the titles one has or in many appointments to preach, but in being men of prayer" (R13). It was further held that "prayer will measure the success of work we do for God in pastoral ministry" (R22) and that "... spiritual healing occurs when one engages God through prayers and claiming His promises" (R24).

One more respondent revealed that "emotional health is not complete without our relationship with God and people around us... Emotional health and spiritual health are inseparable" (R30). Similarly, a study by Dunn and Horgas (2000) based on Jalowiec

Coping Scale indicated that 96% of church elders used prayers as a strategy for coping with stress. Moreover, the study revealed that women and Blacks used it for coping more than men and Whites and that prayer was the alternative mode of treatment (84%). Elsewhere, a sample of 217 religious leaders' spouses from the diverse geographical background was assessed on their experience in prayer as a strategy for dealing with marital conflict. The participants attested to the following effects as a result of prayer: softening of relations, healing and change of perception (Butler, Julie, Stout & Brandt, 2002). Therefore, just like in related previous studies, prayer was considered by respondents in this study as an effective coping strategy.

Sermons

Sermons were mentioned as a potential coping strategy. Findings show that 65% of respondents were of the general opinion that pastors needed to preach the gospel to themselves before preaching it to others. Particularly, the following views were revealed: "devotion to studying God's word while preparing sermons helps pastors to live a happier and more meaningful life" (R7). "Every pastor must be sure of his salvation before he can preach the gospel to others" (R21). One more respondent argued that "pastors need to live what they preach in private and in public" (R11).

At the same time, yet another said that "A pastor must preach the gospel to himself before preaching to his family" (R24). These views indicate that pastors are aware that the word of God, which they always preach to the congregants has the power to heal their emotions. Similar views were held by Walker, Walker, Lankshear & Vann (2018) who while relating the therapeutic preacher to wholistic care of the self, stated the following: "Clergy tend to detach self from the sermon by preaching sermons that aren't applied to their own life, believing that they can separate self from the preacher. If clergy continue to bifurcate the self and the practice of preaching, they will lead people to a place of wholeness, which they may never experience." (p. 5). Therefore, sermons are an effective strategy for emotional healing but to the degree that pastors believe and follow the very word they preach.

Good Relationships

The respondents' views also emerged that a good relationship with God and man was integral to

emotional healing. One respondent said that “a relationship with God heals the emotional issues pastors go through in the ministry” (R2). Another spoke of good relationships “as medicine for the many troubles that pastors experience in ministry” (R9). Furthermore, a “good relationship enhances forgiveness, unity, support, and happiness” (R14).

In a study by Hays and Shepard (2020), four common characteristics emerged among 35 pastors who participated in the study on how they responded to mental and emotional problems of their members: how the clergies handled their own mental and emotional issues, their honesty in sharing their stories, their ability to seek help and their humble nature. This clearly shows that a pastor’s effectiveness and success were tied to how well they related with the members, relating their own experiences, and having enough humility to care about their members. By so doing, the pastors enjoyed good relationships and thus peace of mind.

Chen (2020) further indicated that whereas burnout affected caregiving professionals, a greater sense of calling led to better coping strategies and satisfaction. Unlike other professions where the people only work for money, the ministry is about one’s relationship with God and the motivating factor for service. Therefore, a pastor’s understanding of this aspect of their profession helps them to rejoice in their work, even when environmental factors are not expected. A pastor’s work is tied to relationships with God, leaders, congregants and family. Therefore, the clergy must understand that for one to succeed, there is a need to ensure that they are stable enough to relate well with others, besides being good role models (Joynt, 2019).

Counselling Support

On the power of counselling as a strategy, 78% of the respondents considered pastors as humans with diverse needs and challenges that needed to be addressed through counselling. Respondents held that when pastors were encouraged, their self-esteem was lifted, and thus they were in a better position to dispense their duties. One noted that pastors attended to complex issues in their ministry and so when their needs were attended through counselling, they ended up being healed.

Some other opinions from pastors were as follows: R3 opined that “...counselling support is not an option but the way to go in this generation” while (R18) stated that “there is a need for the services of

professional counsellors to talk about the pastor's well-being.” This was similar to the views of R26 who posited that “...counselling is necessary because it will improve pastors’ effectiveness in ministry, which is inextricably linked to their emotional wellness.” On the impact of counselling on their relations wellbeing, R31 put forward that “...some issues from pastors’ families need a counsellor who has no background of their lives including their families” whereas R34 observed that “counselling support would enhance their relationships in the pastoral ministry with the family, with both spouse and children.”

Indeed, clergy experience significant levels of symptoms of depression because of the emotional nature of their work. A sample of 1172 clergy in a longitudinal study conducted in the United States of America for 66 months indicated that the clergy had mild to moderate forms of depression (Hybels et al., 2018)) observed that clergy had poor well-being due to their unique job condition, coupled with inadequate training, thus resulting in identity harm for them.

Because of such unique challenges, Wade (2018) noted a need for those who took care of others to also practice the same care to themselves. Another notable finding is that even when counselling services are available for such people, some do not utilize the service for various reasons including lack of trust of the providers, lack of sufficient access to the care, the cost of the service and the stigma associated with mentally-related challenges (Hankerson, 2018; Ciftci & Agbaso, 2021).

Conclusions and Recommendations

Conclusions

In view of the findings above, the following conclusions are made. Prayer is an effective tool for emotional healing in that it lifts the emotional burdens of pastors, which can sometimes be really weighty. Prayers also result in success in ministry, which in turn makes the pastor content and happy and thus averting or reducing the sources of emotional hurt.

Sermons are another tool for emotional healing since they contain the living word of God. Indeed, when pastors preach the word to the congregants, and they believe it, the congregants get healing from all manner of problems, even emotional ones. In the same way, when pastors heed the same word of God, they get relief from their burdens, even emotional hurts.

Another strategy for emotional healing is good relationships. Good relations are viewed as medicine that heals emotional hurts, thus enabling reconciliation. Good relationships also result in healthier experiences and thus peace of mind. In addition, forgiveness, whether of self or another person, is the springboard for emotional healing since it means letting go of bitterness, thus allowing the healing process to begin. It is also important to note that humans have no ability or natural inclination to forgive. Therefore, forgiveness can only come with the help of God.

Lastly, counselling is a necessary support for emotional healing because pastors are human, just like all other human beings. Counselling does not only help them cope with their emotional problems, thus making them whole and more effective, but it also equips them with the skills to relate and/or handle all the relations in their lives and consequently reduces or avoids emotional hurts.

Recommendations

The following recommendations are made. First, there is a need for pastors to deliberately consider prayer as a tool for emotional healing, thus creating specific times to pray, individually and/or with a trusted partner, to lift their emotional burdens to the Lord, for He is ready to lift them: "Cast all your anxiety on Him because He cares for you," (1 Peter 5:7).

Moreover, pastors need to take God at His word, just as they tell their congregants to do. They should preach the word in season and out of season (2 Timothy 4:2) and believe in it so that they can be free from condemnation (John 5:24), which may add to emotional problems.

In addition, pastors should be humble enough to consider fixing the broken relationships in their lives as a healing strategy. After all, it is clear that whoever claims to love God and hates his brother is a liar (1 John 4:20).

Furthermore, pastors should accept the call to forgive whoever has wronged them so that their sins can also be forgiven (Matthew 6:14-15), even if it means seventy-seven times (Matthew 18:21-22). If not, no amount of service in ministry will save them.

Finally, the church organization must make deliberate efforts to ensure that pastors not only have access to counselling services but they indeed make use of them in case of need. Similarly, peer counselling should be initiated and encouraged

among pastors to mitigate cases of emotional imbalance.

References

- Allan, J. (2006). "Religion and the process of forgiveness in late life," *Review of Religious Research* 42, no. (3) 252-276.
- Alase, A. O. (2016). *The Impact of the Sarbanes-Oxley Act (SOX) on Small-sized Publicly Traded Companies and their Communities* (D.Ed. thes., Northeastern University, Boston, Massachusetts, 88.
- Asamoah, M. K., Osafo, J., & Agyapong, I. (2014). The role of Pentecostal clergy in mental health-care delivery in Ghana. *Mental Health, Religion & Culture*, 17(6), 601-614.
- Atkinson, D.J. (1995). *New Dictionary of Christian Ethics & Pastoral Theology* (Downers Grove, IL: Intervarsity Press.
- Benner, D. G. (1984). *Evangelical Dictionary of Theology*, ed. Walter A. Elwell. Grand Rapids, MI: Baker.
- Butler, M. H., Julie A. Stout & Brandt, C. Gardner. (2002). Prayer as a Conflict Resolution Ritual: Clinical Implications of Religious Couples' Report of Relationship Softening, Healing Perspective, and Change Responsibility. *The American Journal of Family Therapy*, Volume 30 (1), 19-37.
- Chen, D. K. (2020). Pastoral identity, calling, burnout, and resilience (Publication No. 22589868) [Doctoral dissertation, Fuller Theological Seminary]. ProQuest Dissertations and Theses Global.
- Ciftci, Y. and Agbaso, L. (2021). Meaningful Participation as an Approach to Trauma Healing? Reflections from the VOICES Network. *Displaced Voices: A Journal of Archives, Migration and Cultural Heritage*. 2 (1), pp. 39-43.
- Cook, R. (2021). Theorizing Identity Harm as a Barrier to Clergy Well-being. Retrieved on January 6, 2022 from <https://ir.vanderbilt.edu/handle/1803/16473>.
- Creswell, J. W. (2014). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*, 4th Ed. Thousand Oaks, CA: Sage Publication.

- Currier, J. M., Rojas-Flores, L., McCormick, W. H., Hwang Koo, J., Cadavid, L., Pineda, F. A., & Givens, T. (2019). Spiritual struggles and ministry-related quality of life among faith leaders in Colombia. *Psychology of Religion and Spirituality*, 11(2), 148.
- Dunn, K. S., & Horgas, A. L. (2000). The prevalence of prayer as a spiritual self-care modality in elders. *Journal of Holistic Nursing*, 18(4), 337-351.
- Gill, C., Packer, J., & Ballantyne, R. (2018). Exploring the restorative benefits of spiritual retreats: the case of clergy retreats in Australia. *Tourism Recreation Research*, 43(2), 235-249.
- Hankerson S. Murphy E, (2018). Beliefs about causes of major depression: Clinical and treatment correlates among African Americans in an urban community. *J Clin Psychol*, (74), 594–607.
- Hybels, C. F., Blazer, D. G., & Proeschold-Bell, R. J. (2018). Persistent depressive symptoms in a population with high levels of occupational stress: trajectories offer insights into both chronicity and resilience. *Journal of Psychiatric Practice*, 24(6), 399-409.
- Joynt, S. (2019). The cost of "not being heard" and clergy retention. *Acta Theologica*, 39(1), 110-134.
- Magezi, V. (2006). "Community Healing and the Role of Pastoral Care to the Ill and suffering in Africa," *In die Skriflig* 40, no. (3): 1-17.
- Mbiti, J. S. "Peace and Reconciliation in African Religion." *Dialogue & Alliance* 24, no. 1 (Spring/Summer 2010). Accessed 26 November 2015. <http://www.upf.org/resources/speeches-and-articles/3226-js-mbiti-peace-and-reconciliation-inafrican-religion>.
- Moustakas, Clark. *Phenomenological Research Methods*. Thousand Oaks, CA: Sage, 1994.
- Murambidzi, I. (2016). Conceptualisation of mental illness among Christian clergy in Harare, Zimbabwe. Master of Philosophy in Public Health Dissertation from University of Cape Town.
- Mwangi, I.C (2020): Pastoral Ministry and Emotional Exhaustion Assessment among Priests in the Catholic Diocese of Murang'a Kenya. (Unpublished dissertation). Submitted to the Department of Counselling Psychology, Catholic University of Eastern Africa
- Nwaka, P. E., Akinawo, O. E., Awaritefe, A., & Akpunne, B. C. (2019). Emotional Exhaustion in Ministry as Predictor of Sexual Attitudes of Nigerian Christian Clergy. *Archives of Current Research International*, 1-14. Retrieved on January 5, 2021, from <https://journalacri.com/index.php/ACRI/article/view/30159>.
- Omungo, R., Kihara, M., & Wachira, T. (2020). Prevalence of depression among older clergy from selected mainline churches in Nairobi, Kenya. *International Journal of Social Science and Economic Research*, 5(2), 394-403.
- Park, H. R. (2021). A Study on Emotional Healing Trends after 2005. *International Journal of Advanced Culture Technology*, 9(3), 86–91. <https://doi.org/10.17703/IJACT.2021.9.3.86>.
- Sakenfeld, K.D. (2007). *The New Interpreter's Dictionary of the Bible*, vol. 2, (Nashville, TN: Abingdon Press.
- Sensing, T. (2011). *Qualitative Research: A Multi-methods Approach to Projects for Doctor of Ministry Theses*. Eugene, OR: Wipf & Stock.
- Smith, J. A. (2009). *Paul Flowers and Michael Larkin. Interpretative Phenomenological Analysis: Theory, Method and Research*. Los Angeles, CA: SAGE.
- Wade, K. A. (2018). "The Last Judge: Shepherding and Parenting the Church and Laity through a 21st Century Family Dynamic." *Seminary Doctoral Programs*. 244.
- Walker, D. S., Lankshear, D. W., & Vann, C. E. (2018). How Are You, Vicar? A Study in Scripture, Psychology and Clergy Wellbeing in an English Diocese. *Rural Theology*, 16(2), 80-92.