

Ministry[®]

INTERNATIONAL JOURNAL FOR PASTORS

NOVEMBER 2018

90 YEARS



ARE YOU
FIT TO
LEAD?

10 DAYS OF
PRAYER

A DEEPER EXPERIENCE

January 9–19, 2019

“And this is eternal life,
that they may know
You, the only true God,
and Jesus Christ whom
You have sent.”

JOHN 17:3, NKJV

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12501 Old Columbia Pike, Silver Spring,
MD 20904-6600 U.S.A.
www.ministrymagazine.org
ministrymagazine@gc.adventist.org

EDITOR

Pavel Goia

ASSOCIATE EDITOR

Jeffrey O. Brown

CONSULTANTS TO EDITOR

John Fowler, Clifford Goldstein,
Myrna Tetz, Gerald Wheeler

EDITORIAL SPECIALIST

Sheryl Beck

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ADVERTISING

advertising@ministrymagazine.org

SUBSCRIPTION ASSISTANT

Kathleen Burton

SUBSCRIPTIONS/ RENEWALS/ADDRESS CHANGES

subscriptions@ministrymagazine.org

+1 301-680-6511

+1 301-680-6502 (fax)

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SECRETARY Jerry N. Page**ASSOCIATE SECRETARIES**

Jonas Arrais, Jeffrey O. Brown,

Robert Costa, Pavel Goia, Anthony Kent,

Janet Page

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“Your July 2018 issue on the theme of chaplaincy is excellent, not only for ministers considering chaplaincy but also for ministerial candidates considering a career in chaplaincy and laypersons who wish to understand chaplaincy better. I commend both your authors and your editorial staff. Keep up the good work!”

Overjoyed

I just rediscovered your excellent magazine! I am a 71-year-old retired United Methodist minister and interim pastor at a Presbyterian (PC/USA) church. I am an experienced healthcare chaplain with 17 years' experience and a certified law enforcement chaplain with 23 years' experience. Your July 2018 issue on the theme of chaplaincy is excellent, not only for ministers considering chaplaincy but also for ministerial candidates considering a career in chaplaincy and laypersons who wish to understand chaplaincy better. I commend both your authors and your editorial staff. Keep up the good work!

—Rev. Pat Wadsworth, United Methodist minister, interim Presbyterian church (PC/USA) pastor, email

Overwhelmed

I experienced a profound touch by three articles in the July 2018 issue:

1. “A hole in the bucket,” (Mario Ceballos) in the editorial. I felt the dire need for us to care for and nurture all church members, both new and old members. It takes a precision look to decipher Ron Edmondson's seven reasons why people leave church.
2. “My bucket is running empty: Cumulative stress in ministry,” by Claudio Consuegra and Pamela Consuegra. This heavily loaded article was very therapeutic for me. Many times has my soul gone through all the signs of stress, from the early and mild to the extended and severe. What I have

not experienced, because of my conservative Adventist background, is alcohol and drug use. Otherwise, all the signs in the table have visited me during my last 15 years of service. I did not fully know why; but now I know. I will never commit suicide—that is another sin I cannot offer my soul to, however severe are the conditions through which I go.

3. “Sharpening saws and saving lives,” by Larry Yeagley. This was fantastic. It reminded me of the fact that age is important in service and leadership placements. Young people are, at most, IQ-based (intelligence quotient), while people of reasonably old age are EI-based (emotional intelligence). Young people apply knowledge and skill while older people apply wisdom and experience.

Thank you, *Ministry*.

—Wanzalabana Misaki Maate, Sabbath School and Personal Ministries Secretary, Rwenzori Field, Kasese, Uganda

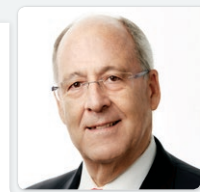
Overused

We read many magazines from many denominations. Yours is the only one that keeps mentioning the denomination. It is quite offensive. It's not necessary to have “Seventh-day Adventists” listed several times in each article. The magazine states on the cover that it is “An international journal for pastors.” That should be enough. Your denomination is noted in the contents page. That should be sufficient. Who is more important: the Lord or the church? It would seem that you think the church is the more important.

—Win Alme, email

Editor's note: Point taken. It's the uplifted Lord who draws all persons to Himself. Many thanks, Win. 🙏

Peter N. Landless, MB, BCh, MFamMed, MFGP (SA), FCP (SA), FACC, FASNC, a cardiologist and ordained minister, is the director of Health Ministries, General Conference of Seventh-day Adventists, Silver Spring, Maryland, United States.



Our work is not yet done

The life of the pastor is busy, full, and multifaceted—as striking as a diamond—and some days as hard. Pastors are expected to be powerful preachers, thoughtful theologians, fiery fund-raisers, daring developers, bold builders, consoling comforters, and faithful friends. Waiting patiently for a mention in this incomplete list are the faithful family members who tirelessly and often selflessly support ministry and all it entails. But wait a moment—we have neglected to mention what is often forgotten by all, including the pastor—his or her personal, wholistic health and well-being. Surprised? Pastoral wellness is very often absent from the “to-do” list of the busy cleric.

Let’s talk

We do not readily talk about abusive relationships—in the church, our homes, or our professional settings. Sometimes because ministers are overextended, burned-out, or even

depressed, their family members may be the victims of abuse. Be alert and aware of signs of abuse taking place. Let’s work on breaking the silence on this destructive behavior!

Our salvation comes through accepting Jesus, His righteousness, and death on the cross in our place: “For it is by grace that you have been saved, through faith—and this not from yourselves, it is the gift of God—not by works, so that no one can boast” (Eph. 2:8, NIV). Thankfully, this includes all forms of deeds and actions, including healthful habits and behaviors. Our salvation is not *earned* through exercise, rest, or even diet. Salvation is a *gift*! Pastors know this. Pastors help others. But sometimes pastors need help themselves.

Let’s decide

The information you hold in your hand has the potential to change your life! You will find reminders of wholistic

health and well-being, the importance of shalom, and what all this can and should mean in our lives. You may be wondering whether some of the difficulties you face in your daily work may be related to burnout. How do you recognize it? How do you avoid it?

The leading cause of disability worldwide today is mental and emotional ill health. Pastors are not immune but often do not recognize the symptoms or the severity, and if they do, they feel uncomfortable talking about it and seeking the much-needed help. Make the decision to work on strengthening your mental resilience.

Let’s act

This is truly a matter of life and death. We are saved to serve, not healthy in order to be saved! “Whether therefore ye eat, or drink, or whatsoever ye do, do all to the glory of God” (1 Cor. 10:31, KJV). So, don’t give the articles just a cursory glance; carefully peruse the messages, thoughtfully digest the counsels, and intentionally visit some of the resource websites provided. Then prayerfully consider any changes you may think you need to make in order to live life to the full, be in good health, and experience wholeness, even in our inevitable brokenness.

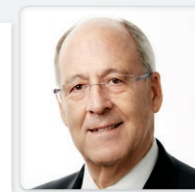
Our prayer for you is an echo of the apostle John’s prayer for Gaius: “Dear friend, I pray that you may enjoy good health and that all may go well with you, even as your soul is getting along well” (3 John 2, NIV). 🙏

RESOURCES

- **CELEBRATIONS: Living Life to the Fullest:** healthministries.com/CELEBRATIONS
- Gateway to Wholeness—pornography recovery: gatewaytowholeness.com
- Adventist Recovery Ministries—mental health: adventistrecoveryglobal.org
- BreatheFree 2.0—smoking cessation program: breathefree2.com
- Positive Choices—helpful lifestyle tips and information: positivechoices.com
- Youth Alive—resilience-building program for youth: youthaliveportal.org/
- Facts With Hope—health tips for pastors and congregations: factswithhope.org
- The Lift Project—feeling better and finding happiness: theliftproject.global

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Peter N. Landless, MB, BCh, MFamMed, MFGP (SA), FCP (SA), FACC, FASNC, a cardiologist and ordained minister, is the director of the Health Ministries department, General Conference of Seventh-day Adventists, Silver Spring, Maryland, United States.



Are you fit to lead?

Following Dan Buettner’s report on places where health is optimized, reports such as this made regular news: “Most of our health problems are said to be the result of three things: bad food choices, inactivity, and unmanaged stress.

“Therefore, it’s no surprise Seventh-day Adventists live an average of 10 years longer than most Americans. They don’t do any of that.”¹

As ministers of the gospel, we have been called to serve. The apostle John says, “Beloved, I pray that you may prosper in all things and be in health, just as your soul prospers” (3 John 2, NKJV). This message of health has been given in order for us to serve more effectively. So, as health professionals, we ask the question: how are you doing? How is your health? To put it more bluntly: Are you fit (physically) to serve? What follows is serious advice that, if followed, can ensure a resounding yes! to that question.

Know your numbers

Ministers often think of numbers: baptism numbers, membership numbers, evangelistic series attendees, tithe and offering figures. These numbers are fine—but there are other numbers you need to know. What is your weight? Your blood pressure? Your cholesterol? Your waist circumference? Your fasting blood sugar? Your body mass index? Yes, those numbers . . .

Health Numbers

- Date of birth:
- Current position:
- Number of years in current position:
- Weight (in pounds or kilograms):
- Weight when you started in current office/position:
- Height:
- Body mass index (BMI: mass in kilograms divided by height in meters, squared):
- Waist circumference (in inches or centimeters):
- Waist circumference when you started in current office/position:
- Blood pressure:
- Date of last full annual physical examination:
- Fasting blood sugar:
- Fasting cholesterol (lipid profile):
- Date of last colonoscopy:
- Date of last digital rectal examination (males):
- Date of last Papanicolaou (Pap) smear (females):
- Date of last mammography (females):

It is important to know your health numbers, even though some may be less pleasing than others. You may have been fighting the battle to be that 154-pound individual that you know is somewhere inside of your 240-pound body—or you may even have given up on trying to lose weight. You may wade in the pools of envy as you see colleagues as thin as beanstalks stack their plates with food while you carefully select from the high-fiber, low-calorie foods section of the menu. You don’t know, they may work out very regularly and have made room for the calories they consume or have some genetic protection as well.

We need to act on our numbers and make every effort to improve them. In guidelines given for the management of high blood pressure (hypertension), for instance, even people with normal blood pressure should engage in healthy lifestyle practices in order to *stay* healthy.² Consequently, in order to get fit and remain fit, there are some “givens” in healthful living:

- Make wise choices.
- Exercise daily.
- Drink adequate volumes of pure water.
- Enjoy controlled exposure to sunshine.
- Know and trust God (to know Him is to love Him, to love Him is to serve Him).
- Get adequate amounts of sleep and rest (including specific vacation time).

- Breathe pure, fresh air (sometimes a greater challenge than finding wholesome food!).
- Live true temperance (a foundation of the Christian walk leading to a life of grace and balance).
- Consume optimal nutrition.
- Cherish caring and protective relationships.
- Be optimistic.
- Hold integrity close.

Though any one of these areas is worth a long discussion, this article will focus on a very important one: optimal nutrition.

cancer, and also rheumatoid arthritis. The balanced vegetarian diet is unequivocally the most healthful diet.

What about fish? Despite some of the positive outcomes for the pescatarians in the recent AHS-2, we may still want to be selective with the use of fish as food. Much has been written in the scientific literature about industrial pollutants (as well as sewage pollution), including mercury and polychlorinated biphenyls (PCBs).

These are toxic to humans and found in varying amounts in fish consumed around the world, giving credence to counsel received years

Vegetarian or vegan?

What about the question of bovine milk or no milk? A balanced and geographically sensitive diet needs to include the essential vitamin B₁₂.⁷ It is found only in foods of animal origin, including milk and eggs. In some countries, foods are fortified with vitamin B₁₂. Read the labels: if the soy drink is not fortified with B₁₂, it is not a dairy equivalent food. One can supplement vitamin B₁₂ by mouth or injection and ensure adequate and safe levels for optimal health. In many parts of the world, fortified foods are not readily available. In these areas, dairy products

*The balanced
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unequivocally
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diet.*



Meat or vegetarian?

In the Adventist Health Study-2, 36 percent of the approximately 100,000³ study subjects were vegetarian (either vegan or ovo-lacto).⁴ Worldwide, approximately 20 percent of Seventh-day Adventists subscribe to some form of vegetarianism.⁵ Science shows a causal relationship between the consumption of meat and cardiovascular disease—including heart attacks and stroke, cancer—specifically bowel

ago: “In many places fish become so contaminated by the filth on which they feed as to be a cause of disease. This is especially the case where fish come in contact with the sewage of large cities. The fish that are fed on the contents of the drains may pass into distant waters and may be caught where the water is pure and fresh. Thus when used as food they bring disease and death on those who do not suspect the danger.”⁶

remain a good source of vitamin B₁₂. It is best to use low-fat dairy and use it as a “condiment,” or sparingly. An additional supplement that is useful in vegetarians of all stripes is vitamin D.

Alcohol or fruit juice?

The headline was arresting: “No amount of alcohol is good for your overall health, global study says.”⁸ The landmark study found alcohol to be the leading risk factor for disease and

premature death in men and women between the ages of 15 and 49 worldwide in 2016, accounting for nearly 1 in 10 deaths.⁹

Although many papers and studies support the cardio-protective effect of alcohol (moderate drinking), this hypothesis is by no means definitive. Alcohol is a known carcinogen, and no safe level of alcohol intake exists, which is known, that may avoid this dreaded health complication; it is now scientifically clear that the safe level of use is zero.

So should people who don't drink alcohol start to use it? Based on the best scientific evidence, definitely not! Should those who currently drink alcohol quit? Based on the same evidence, unequivocally yes!

Coffee or herbal tea?

Caffeine is the world's most popular psychoactive (mood-changing) drug.¹⁰ Found in many coffees and teas, it is used more widely than alcohol and tobacco. The scientific literature gives conflicting messages, with some studies showing apparent benefits of caffeine on health and others demonstrating harm. However, the basic pharmacologic characteristics of caffeine have not changed. It can lead to physical dependence which, by definition, results in a withdrawal syndrome when

habitual intake is stopped abruptly. Up to 30 percent of caffeine consumers are estimated to be dependent.¹¹ When the intake of caffeine is stopped suddenly, many and varied symptoms may result, including (but not only) headache, tiredness, irritability, lack of concentration, and nausea.

These symptoms may occur within 12 to 24 hours of cessation and may last up to 10 days. Although death from caffeine overdose is not common, it does occur and may be intentional; this situation is more likely with the ingestion of caffeine tablets. With the increasing popularity of caffeinated soft drinks and energy drinks, emergency room physicians and toxicologists are noting an increase in caffeine-related problems and symptoms, especially among young people.

Caffeine can be useful as a component of certain analgesics in the treatment of migraine, as well as some other pain conditions. To those who advocate the benefits of the phytochemicals and antioxidants found in some caffeinated beverages (such as green tea), decaffeinated alternatives have been shown in some comparative studies to be equally beneficial.

We would do well to prayerfully and consistently apply the temperance principle: "True temperance teaches us to dispense entirely with everything

hurtful and to use judiciously that which is healthful."¹²

Our calling

The main reason for emphasizing the careful stewardship of our health, in whatever measure it has been graciously bestowed on us, is that we are *saved to serve*. Parents should practice health at home, pastors should preach about health at church, and teachers should teach about health at school. "A practical knowledge of the science of human life is necessary in order to glorify God in our bodies. It is therefore of the highest importance that among the studies selected for childhood, physiology should occupy the first place. How few know anything about the structure and functions of their own bodies and of nature's laws! Many are drifting about without knowledge, like a ship at sea without compass or anchor; and what is more, they are not interested to learn how to keep their bodies in a healthy condition and prevent disease."¹³

This practical knowledge is beneficial and helpful for all ages and at all stages of life. Can we determine to eat and drink healthfully, to the glory of God, and follow other health principles? If so, then when asked, "Are you fit to serve?" we can give an honest and resounding yes! 🙌

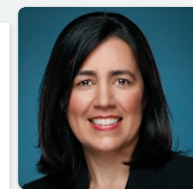
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- 2 American College of Cardiology, *2017 Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults*, June 4, 2018, 14, ACC.org/GMSHBP.
- 3 It took great effort to enlist 100,000 people to join the study across the North American Division. And those who participated in the study could possibly have a greater interest in health than many in the unstudied/untested group, showing the possibility of selection bias.
- 4 Michael J. Orlich et al., "Vegetarian Dietary Patterns and Mortality in Adventist Health Study 2," *JAMA Internal Medicine* 173, no. 13 (July 8, 2013): 1230–1238, doi.org/10.1001/jamainternmed.2013.6473.
- 5 The 2018 global survey contained responses on diet

- from more than 54,000 church members representing every division of the world church. The data indicate that 5 percent of Seventh-day Adventists have a diet that is only plant-based (vegan). Another 14 percent add eggs and/or dairy products (lacto-ovo vegetarian), and a further 11 percent have a plant-based diet with the addition of fish but no meat. One-third reported eating meat once a week or less, but 38 percent eat meat daily or several times a week. General Conference Office of Archives, Statistics, and Research, *Global Survey of Church Members*, 2018.
- 6 Ellen G. White, *The Ministry of Healing* (Mountain View, CA: Pacific Press Pub. Assn., 1942), 314, 315.
- 7 "It's essential that all vegan diets contain a reliable source of vitamin B12. This nutrient is needed to help speed up reactions in your body, and deficiency can cause anaemia and nervous system damage." "Vitamin B₁₂." The Vegan Society, accessed October 25, 2018, <https://www.vegansociety.com/resources/nutrition-and-health/nutrients/vitamin-b12>.

- 8 Sandee LaMotte, "No amount of alcohol is good for your overall health, global study says." CNN, August 24, 2018, <https://edition.cnn.com/2018/08/23/health/global-alcohol-study/index.html?no-st=1539963952>.
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- 13 Ellen G. White, *Counsels on Health* (Mountain View, CA: Pacific Press Pub. Assn., 1957), 38.

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Katia G. Reinert, PhD, RN, CRNP, FNP-BC, PHCNS-BC, is an associate director, Health Ministries department, General Conference of Seventh-day Adventists, Silver Spring, Maryland, United States.



The wounds of abuse: *Can we do more?*

Mary had something important to tell her husband, John, but she had to build up the courage to say it. Finally, she told him that she had been thinking about going back to school for further education. “Why would you even consider that?” he yelled. “You failed the last courses you took, so you’re obviously not going to make it this time. You are stupid. You’ll never last through the program, and we’re not wasting our money on that.” While the conversation resulted in no thrown punches, it produced wounds. It was a classic example of emotional abuse in marriage. The sad thing is, spouses such as Mary may have no idea they are in an abusive relationship—let alone know what to do about it.

Pastors are the spiritual leaders of their congregations and have the responsibility to model what Jesus, the Good Shepherd, would do in ministering with compassion to survivors both in their church and in the community. There is scientific evidence that survivors may talk to their pastors before they talk to anyone else about their abuse. I have seen it firsthand. My brother is a pastor, our father is a pastor, and our grandfather was a pastor. Yet Justin Holcomb and Lindsey Holcomb state that while “‘many victims believe clergy have the most potential to help them,’ in fact ‘[clergy] are too often the least helpful and sometimes even harmful.’”¹

With their actions, pastors can either be agents of healing or unintentionally contribute to the continued perpetration of abuse, depending on how they respond. If they have a vision, they will (a) help build resilience among survivors by empowering them in their distress, and (b) assist in prevention by taking the time to learn about abuse.

Types of abuse

Although violence affects everyone, women, children, and the elderly seem to bear the brunt of nonfatal physical, sexual, and psychological abuse. Consider the rates of various types of abuse:

- One in four adults reports having been physically abused as a child.
- One in five women reports having been sexually abused as a child.
- One in three women has been a victim of physical or sexual violence by an intimate partner at some point in her lifetime.
- One in seventeen older adults reported abuse in the past month.²
- Women report higher rates of lifetime exposure to rape, physical violence, and stalking than do men.³

Common yet unrecognized

Even though the harm of physical and sexual abuse is immediately evident, psychological abuse is less

recognized and discussed—and often downplayed. Someone may say, “But he or she never hits me. Is his or her behavior really abusive?” Well—yes, it is!

Psychological abuse is not only real but has lasting consequences. The scars of physical abuse may heal quickly, but the invisible ones of emotional abuse can take longer—if they ever heal. Emotional abuse can destroy one’s self-worth and result in shame and low self-esteem. Unfortunately, the most common form of emotional abuse is verbal abuse, and it often goes unrecognized as abuse.

Recognizing emotional abuse

When we talk about emotional abuse, we must take into consideration a number of important questions. Would you recognize emotional abuse? How would you respond if someone psychologically abused you? What does the Bible say about it? As we consider such questions, we must make it clear that although women tend to experience higher rates of sexual and physical abuse than men, research in the United States of America suggests that in the case of emotional abuse, the rates are similar for both genders.

In a survey conducted in the United States, 8,079 men and 9,970 women responded to questions about abuse they had experienced in the previous twelve months and also their lifetime

exposure to abuse. Almost one-half (just over 48 percent) of each gender reported psychological aggression through verbal aggression or coercive control during their lifetime.⁴

Differences show up in the form of emotional abuse. More women than men experience verbal or expressive aggression from their intimate partner, but both genders reported coercive control by their mate at a rate of 4 in 10 people. The truth is that both men and women perpetrate high rates of emotional or verbal abuse toward their partners.

Women more often find themselves required to report their whereabouts to their mate, while men more frequently endure insults. They also report witnessing their partner becoming angry in such a way that it seemed threatening.

The prevalence of emotional abuse among Christians

Unfortunately, Christians, including Seventh-day Adventists, are not immune to this behavior. Although we do not currently have data on emo-

before the age of 18. Exposure to such abuse had a negative impact on their physical and mental health regardless of their age, gender, social status, income, and lifestyle choices, such as healthy eating or exercise. Being a definite concern, it raises questions about the parenting practices that may be detrimental and long-lasting.

Emotional abuse versus conflict

In order to recognize an abusive relationship, it is important to differentiate between abuse and normal conflict. Conflict is common in a marriage or in other relationships and does not necessarily mean abuse. People need to have their own opinions and be free to share them. But the way one expresses his or her opinion is key.

According to an expert, “It is not emotionally abusive to break up with a partner. It is not emotionally abusive to argue with your partner. It is not emotionally abusive when someone reacts to what you have done with hurt. People react out of their own perceptions, so their reactions do not define your behavior. It is also not emotional abuse to speak one’s mind with blunt honesty. Perhaps the statement lacks tact, but it is not emotionally abusive. Again, just because someone reacts to what has been said with hurt does not mean that one has been emotionally abused.”⁶

Emotional abuse, however, involves intentional dominance. The person chooses that behavior in order to have power and keep the other under control.

How to help someone respond if they are being psychologically abused

It is important to confront the abuser kindly but firmly. Here are five ways someone experiencing emotional abuse can respond:

1. *Study the emotionally abusive tactics and learn to be assertive.* Abusers use abuse as a tactic to manipulate and dominate others. Focusing on

Too many still live under the unhealthy control of an intimate partner, parent, child, boss, pastor, teacher, or someone else who employs sexual, physical, or emotional abuse without recognizing it as such.

The study also revealed the forms of emotional abuse. The most commonly reported types of verbal aggression for both genders are being called ugly, fat, crazy, or stupid and being humiliated, insulted, or ridiculed. The most frequent type of psychological aggression used for both men and women is coercive control involving the demand to know her or his whereabouts at all times.

tional abuse by an intimate partner among a large sample of Adventist adults, the Adventist Health Study-2 did conduct an analysis exploring the prevalence of emotional abuse during childhood among 10,283 Seventh-day Adventist adults in North America participating in the research.⁵ In this study, 39 percent of females and 35 percent of males reported experiencing emotional abuse by their parent (father or mother)

the content makes one fall into the trap of trying to respond rationally, of denying accusations, and trying to explain oneself. Unfortunately, the abuser has won at that point and deflected any responsibility for the verbal abuse.

2. *Set healthy boundaries.* Even Christ felt the need to set boundaries in His life. We should do the same. God gave each one of us our own individuality, so we must not be afraid to confront abuse or to set limits as to how much we will tolerate. In some cases, we can best address verbal abuse with forceful statements such as, “Don’t talk to me that way,” “That’s demeaning,” “Don’t call me names,” or “Don’t raise your voice at me.” Should the abuser respond with, “Or what?” one can say, “I will not continue this conversation.”⁷
3. *Build your self-worth and self-respect.* Abuse can slowly chip away at self-esteem. Usually, both the abuser and the victim have experienced shaming in childhood and already have impaired self-esteem. It is important for the abused person to remember that it is not their fault. The Bible contains many wonderful reminders of how precious we are. “I have loved you with an everlasting love; I have drawn you with unfailing kindness. I will build you up again” (Jer. 31:3, NIV).
4. *Seek help from a professional counselor.* If one is in immediate danger, calling the police or a crisis number is imperative. But if the situation is not so threatening, it is important to reach out to a trusted friend or family member, therapist, pastor, volunteer with an abuse shelter, or domestic violence hotline. Confronting an abuser, especially in a long-term relationship, can be challenging. Seeking individual therapy and counseling is key.⁸ But it is not advisable to start counseling as a couple at this stage because it can be unsafe for the abused to tell the counselor

A pastor who decided to do more

Pastor Orangi Josaphat in Nairobi, Kenya, accepted the challenge to do more. Since he came to the Longata Church in Nairobi, Josaphat has expanded the outreach of the church in the community to involve not only women as leaders in *enditnow*[®] but also men, children, and youth as ambassadors against violence and abuse. Josaphat instituted specific church leaders, both male and female, who work closely to identify vulnerable youth, children, men, and women who have experienced abuse and other forms of violence. They have used the *enditnow*[®] initiative as an excellent opportunity both to educate church members and to reach out to their community, allowing people to share their stories in a safe way.

Pastor Josaphat has empowered many in the church to minister to vulnerable survivors of abuse. They safely link survivors with available community resources. The Longata church has a large group of health professionals, including a psychiatrist, social worker, nurses, and others who provide support and guidance for survivors.

In addition, the congregation has a strong ministry at a local women’s prison housing many abuse survivors. There they aid the healing of many women who not only were survivors of abuse but also perpetrated it.

As a result of the dedicated ministry by the local church volunteer leaders and lay people, the prison allowed the church to begin a congregation for inmates within its walls. They learned to worship together. Attendance has grown to more than 150. It has transformed many lives, and many have been baptized. Church members are currently fundraising to erect a church building on a plot donated to them by the prison. For many survivors, once they are released from prison, the Longata church helps them reintegrate into society. The church partners with community organizations to assist abuse survivors. At their last *enditnow*[®] day, the church had a major outreach in the community that drew the attention of national television. This church is raising awareness and empowering youth, children, men, and women to foster healing and change lives.

the whole truth with the abuser present.

5. *Seek comfort, healing, and wisdom from God.* The Holy Spirit is our Comforter and will guide us in all wisdom and truth. He can not only warm our hearts with God’s love in a healing way but also teach us what words to say to someone who is abusive. Because Jesus suffered all forms of abuse, including psychological and emotional, He understands. He says, “I know your tears; I also have wept. The griefs that lie too deep to be breathed into any human ear, I know. Think

not that you are desolate and forsaken. Though your pain touches no responsive chord in any heart on earth, look unto Me, and live.”⁹

Can we do more?

The Seventh-day Adventist Church has for years led a public health campaign against violence and abuse called *enditnow*[®] (enditnow.org). It started originally with a focus on women and girls and has moved to a more global focus on violence and abuse against anyone: male, female, young, and old. Every year the church has in its global calendar an abuse prevention

day called enditnow® Emphasis Day (women.adventist.org/enditnow-day), and faith leaders from many denominations have shared how these materials have been a blessing to them also. Yet, we are often reminded of how much we still can do as pastors and church leaders to raise awareness, prevent abuse, and help survivors.

Too many still live under the unhealthy control of an intimate partner, parent, child, boss, pastor, teacher, or someone else who employs sexual, physical, or emotional abuse without recognizing it as such. Too many who do recognize it and try to get help by speaking to a pastor, church leader, or fellow member still may not find appropriate, well-informed help and, instead, may find themselves blamed for their situation or told to pray about it. Too many still remain indifferent, unaware, or unintentionally blind to the needs of survivors or perpetrators who are desperately seeking hope and healing for their brokenness.

What if every congregation had an enditnow® coordinator who is knowledgeable about abuse and, working with the pastor, could engage the church in prevention and assistance for those in need? What if every seminary student and pastor could receive training in basic knowledge about abuse and how best to help a survivor as well as a perpetrator? And what if every pastor held an annual enditnow® Emphasis Day, using the resources prepared to

bless not only church members but also the surrounding community?

There is so much more we can do, and every pastor must assess how they can make a difference. Doing more takes a pastor with compassion, intentionality, and a willingness to inspire and empower others. We must not grow weary but continue to make our presence felt in words and action as we learn together and bring to light forms of abuse that dehumanize others.

The health factor

Why should we do more? Many of God's children are either dying or suffering in their health and well-being as a result of violence and abuse. Health authorities tell us that 1.3 million people die worldwide each year as a result of violence in all its forms: collective (as in the case of gangs or war), self-directed (suicide), or interpersonal (such as domestic violence).¹⁰ Such deaths account for 2.5 percent of global mortality each year. During the first 15 years of the twenty-first century, about six million people perished worldwide from incidents of interpersonal violence alone.

But in addition to death, many are victims of nonfatal violence each day. They are survivors of interpersonal violence (physical, sexual, and psychological abuse or neglect). Nonfatal interpersonal violence is more common than homicide and has serious, lifelong

health and social consequences. The wounds of interpersonal violence survivors may not be visible but are felt deeply and, consequently, can be crippling and long-lasting.¹¹

The incarnation factor

Perhaps the most important reason to do more is that we are God's hands and feet in this world, called to represent His love and healing power and serve others as He did. Jesus summons us to treat each other with love and respect when He says, "A new commandment I give to you, that you love one another; as I have loved you, that you also love one another. By this all will know that you are My disciples, if you have love for one another" (John 13:34, 35, NKJV). In a congregation of believers that share His good news, the gospel urges us to be agents of healing and support: "Finally, all of you, be like-minded, be sympathetic, love one another, be compassionate and humble" (1 Pet. 3:8, NIV).

Therefore, it is our duty as pastors and church leaders to continue reaching out to abuse survivors with compassion—as Jesus did—doing what we can to prevent and appropriately deal with abuse and violence in all its forms. Jesus said, "The thief does not come except to steal, and to kill, and to destroy. I have come that they may have life, and that they may have it more abundantly" (John 10:10, NKJV). Pastor—can you do more? 🙏

1 Rachel Marie Stone, "The Bible's Unequivocal 'No' to Domestic Violence," *Christianity Today*, May 22, 2014, www.christianitytoday.com/ct/2014/may/bibles-unequivocal-no-to-domestic-violence.html.

2 World Health Organization, United Nations Office on Drugs and Crime, and United Nations Development Program, *Global Status Report on Violence Prevention 2014* (Geneva: World Health Organization, 2014) vii, viii, who.int/violence_injury_prevention/violence/status_report/2014/report/report/en/.

3 See Rape, Abuse and Incest National Network, "Victims of Sexual Violence: Statistics," accessed Oct. 7, 2018, www.rainn.org/statistics/victims-sexual-violence.

4 CDC National Intimate Partner and Sexual Violence

Survey 2010 Summary Report, accessed Mar. 2, 2018, www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf.

5 Katia G. Reinert et al., "Gender and Race Variations of the Intersection of Religious Involvement, Early Trauma and Adult Health," *Journal of Nursing Scholarship* 47, no. 4 (July 15, 2015): 318–327, www.ncbi.nlm.nih.gov/pubmed/26077834. The 10,283 participants included 6,946 women and 3,333 men.

6 Andrea Mathews, "When Is It Emotional Abuse? Differentiate Between What Is Emotionally Abusive, and What Isn't," *Psychology Today*, Sept. 26, 2016, www.psychologytoday.com/blog/traversing-the-inner-terrain/201609/when-is-it-emotional-abuse.

7 See Darlene Lancer, "Forms of Emotional and Verbal Abuse You May Be Overlooking," *Psychology Today*, Apr. 3, 2017, <https://www.psychologytoday.com/us/blog/toxic-relationships/201704/forms-emotional-and-verbal-abuse-you-may-be-overlooking>.

8 Ibid.

9 Ellen G. White, *The Desire of Ages* (Mountain View, CA: Pacific Press Pub. Assn., 1940), 483.

10 World Health Organization, United Nations Office on Drugs and Crime, and United Nations Development Program, *Global Status Report*, 2.

11 See *Global Status Report on Violence Prevention 2014*, World Health Organization, 2, who.int/violence_injury_prevention/violence/status_report/2014/report/report/en/.

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Torben Bergland, MD, a psychiatrist and psychotherapist, is an associate director of the Health Ministries department, General Conference of Seventh-day Adventists, Silver Spring, Maryland, United States.



Fired up or burned out?

My father felt the calling to be a pastor—so did my brother. I felt the calling to become a physician.

In a few weeks, I would enter medical school. I was shadowing a cardiologist from my church who had kindly offered to give me a glimpse into a doctor's day in the hospital. Naturally, I was excited. I walked a step behind him into the morning meeting with all the other doctors, then to the ward for rounds with the nurses to see the patients. As we went along, I listened to them discuss symptoms and responses to treatment and share the results of various tests. Later we entered the lab to observe cardiac ultrasounds that enabled us to see the hearts beating, measure their size, and assess their function. As my cardiologist friend diligently went about his work, I could see that he cared about his patients, the nurses liked him, and his colleagues respected him. He fit my image of what a good doctor would be like. Toward the end of the day, we had a little break. Another doctor, a pleasant man somewhere in his fifties, joined us and took an interest in me. When I happily (and maybe with a hint of pride) told him that I, too, would become a doctor, he countered with a penetrating question: "Can't you find something better to do?"

I will never forget that question—nor the man who asked it. How many times had he asked himself that? When was the first time it crept into his awareness? What was it like for him to get up every morning? To work long and tiring days—and sometimes nights? To try to uphold professional standards, serving

both the interests of his patients and the hospital administration, meanwhile being an agreeable colleague? All this, yet wishing he was not there. Maybe he did not know where he wanted to be, but at least he knew he did not want to be where he was. This doctor most definitely was not fired up anymore.

At some point, maybe as a student and in his early career, he probably was filled with dreams, hopes, and ambitions. But now, he appeared burned out—tired, discouraged, frustrated, disappointed, disillusioned, hopeless—possibly feeling let down and somewhat of a failure. What may have started out as an important, meaningful, and challenging work experience had become unpleasant, unfulfilling, and meaningless. The engagement that drove him through years of study, internship, and residency had vanished. Many like him

exist in the workplace. And, unfortunately, we find many like him in ministry.

A quick online search on pastoral or clergy burnout will produce a lot of hits, from personal blogs to academic research articles. But you don't have to go online to find burnout. You probably know a colleague who is struggling with some degree of burnout and has suffered its consequences not only in work life but also in private life. Perhaps you may even know someone who has quit ministry because of such burnout. Or maybe you encountered it at some point in your own life and ministry or are battling it right now.

Burned out

Gerald Klingbeil gets it. "Pastoring is hard and can be very lonely at times. Pastors live in the 'On' mode most of the time. They have to. They need to

The satisfaction of having done something well, knowing that it has had an impact, being proud of it, or receiving recognition and appreciation from others are rewards that may be far more valuable than money.

be shepherds caring constantly for a diverse and often hurting flock. We expect them to be an administrative genius, leading people from different walks of life with differing needs and experiences who don't always see eye to eye. They should be looking beyond the walls of their church buildings to reach the unreached and lost. They should be keeping an eye on the church building's structure and maintenance, while at the same time expanding their media presence in a world that expects full media coverage."¹ So does burnout just come with the territory? Are there any strategies that can help?

Christina Maslach and her colleagues pioneered research on burnout and created a framework for understanding it.² In their approach to burnout, they focused on the potential match or mismatch between the person and his or her work environment. If the match is good, the risk of burnout is low. On the other hand, if a significant mismatch exists, the risk of burnout increases. They identified six aspects of the work environment where a mismatch between what the job requires and provides on the one hand and the needs of the worker on the other may lead to burnout. One of them, of course, is the workload itself, but there are five more that we typically may not think of:

1. *Workload.* Usually we attribute burnout to a continuing excessive workload. When we try to do too much in too little time with too few resources, eventually, we become overstretched. Mismatch may even occur if the workload is reasonable, but our skills, interest, or resources for the work are insufficient. With our energy and motivation depleted, our work efficiency and quality drops. Thus, we have a vicious spiral of diminishing work capacity and increasing unfinished work, and we are no longer able to keep up. Then, simply trying to work harder may worsen the situation rather than improve it because it will just make us more tired.

2. *Control.* When we experience too little influence or too much responsibility in

Might you be suffering from burnout?

When you think about your work overall, how often do you feel the following? (Please use the following scale to answer the question for each line)

0 never	1 almost never	2 rarely	3 some- times	4 often	5 very often	6 always
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Tired	
Disappointed with people	
Hopeless	
Trapped	
Helpless	
Depressed	
Physically weak/sickly	
Worthless/like a failure	
Difficulties sleeping	
"I've had it!"	
Total score	

Your total score indicates the following	
Probably no burnout	0-14
Danger signs of burnout	15-24
Burnout	25-34
Very serious problem of burnout	35-44
Requires immediate professional help	45 or more
<p><small>Adapted from Ayala Malach-Pines, 2005 "The Burnout Measure, Short Version," <i>International Journal of Stress Management</i> 12, no. 1 (Feb. 2005): 78-88.</small></p> <p><small>*Note that symptoms of burnout may overlap with other physical or mental conditions, so even if your score indicates burnout, you may still need to consider other conditions or factors.</small></p>	

our work, we may have a crisis of control. Generally, we want to shape our work in the way we think is best in order to achieve the goals we are committed to. Being forced to do things in a way that goes against our beliefs may make us lose our trust and respect and make us feel there is a threat to our dignity. On the other hand, if we are given too much responsibility while lacking the confidence, skills, and resources to fulfill it, then we may find ourselves overwhelmed by insecurity.

3. *Reward.* Whenever we invest our hands, hearts, and minds in anything, we look for some type of reward to come out of it. Sometimes it is money, but often the rewards we desire and need are on other levels. The satisfaction of having done something well, knowing that it has had an impact, being proud of it, or receiving recognition and appreciation from others are rewards that may be far more valuable than money. Whenever we do not receive such a reward, we may feel that both our work and ourselves are not truly valued.

4. *Community.* In order to thrive, we need positive connections with others. We function best when in community with people we like and respect; when support, understanding, comfort, happiness, and humor are shared generously. On the other hand, isolation that creates emotional distance or chronic, unresolved conflict triggering feelings of anger, resentment, and hostility, is destructive to community.

5. *Fairness.* People need respect, a sense of self-worth, and dignity. Fairness communicates and confirms that. But cheating, corruption, manipulation, and abuse are not only upsetting but also will trigger fear, conflict, and a sense of separation from colleagues and the workplace. When we or others are treated unfairly, we do not perceive the organization or individuals

as reliable and trustworthy, and we distance ourselves emotionally.

6. *Values.* Inconsistency, conflicting values, or a perceived discrepancy between claimed values and actual practice creates tension both within organizations and between individuals. Mismatch in values may lead to considerable stress and alienation. A perception of benevolence and integrity in all aspects of operations is fundamental to positive loyalty and identification.

Fired up

It is recognized that the best places to work are “where employees trust the people they work with, have pride in the work they do, and enjoy the people they work with.”³ Our workplaces are something we create together.

Whatever our roles or positions are, we may all, pastors included, contribute to building a workplace culture that upholds healthy work-life boundaries, honors the value and dignity of every individual, cultivates community, practices fairness, and demonstrates benevolence and integrity as vital values. When we accomplish this within our organizations, then will our pastors thrive, not just survive. Then will our external trouble not so readily quench our internal fire. Then will our pastors declare like Jeremiah, “Then I said, ‘I will not make mention of Him, nor speak anymore in His name.’ But His word was in my heart like a burning fire shut up in my bones; I was weary of holding it back, and I could not” (Jer. 20:9, NKJV).¹

- 1 Gerald Klingbeil, “Calling Out the Majority: Why we need to talk about pastoral burnout, depression, and even suicide.” *Adventist Review*, September 7, 2018. www.adventistreview.org/calling-out-the-majority.
- 2 Christina Maslach, Wilmar B. Schaufeli, and Michael P. Leiter, “Job Burnout,” *Annual Review of Psychology* 52, no. 1 (2001): 397–422.
- 3 Michael C. Bush, *A Great Place to Work for All: Better for Business, Better for People, Better for the World* (Oakland, CA: Berrett-Koehler Pub., 2018), loc. 207, Kindle.

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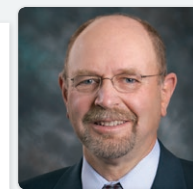
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Theological Seminary
Andrews University

Fred Hardinge, DrPH, RD, recently retired, was an associate director of the Health Ministries department, General Conference of Seventh-day Adventists, Silver Spring, Maryland, United States.



The missing health ingredient—love

Several years ago, I sat with my sister at my father's bedside. After having experienced a wonderfully productive 96 years of life as an ordained minister and physician, he had suffered a serious stroke a few days before. The doctors did not expect him to live for but a few days more. A longtime family friend kindly called and shared some very encouraging scriptures and thoughts. Just as the conversation was ending, however, the individual suggested that the stroke had occurred because my father had very moderately included in his diet certain items this person did not agree with!

The incident reflects a serious flaw in the thinking and attitude some have toward others who make choices they might consider unwise. Many entertain the belief that if we could live a near perfect lifestyle, we would never die. Yet, the results of the Adventist Health Study clearly demonstrate that even the best lifestyles still result in death from the usual causes (heart disease, stroke, and cancer)—it just occurs on average 10 years later (a huge blessing for which we all can be very grateful).¹

Scientific evidence points to the fact that the choices we make in our lifestyle make a big difference in both the quality and quantity of our years—but they do not guarantee life forever on this earth.

Here are three qualities that should characterize all Christians who desire to exemplify balanced, healthful living:

1. *Recognize that healing comes only through Christ.* Health, like salvation, is a gift from our loving Creator. Too often we assume that we can make healthy choices on our own. Our healthful living must be centered in the grace of Jesus Christ: He gives the desire, He empowers our choices, He makes us loving health reformers, and He grants us the specific longevity that He sees we need. Any other approach makes us legalists!

The psalmist had the right perspective when he wrote: “Bless the LORD, O my soul, and forget not all His benefits: who forgives all your iniquities, who heals all your diseases” (Ps. 103:2, 3, NKJV). People in the apostle Peter's day also forgot this. They believed even his shadow could bring healing. Although God used His apostle as a channel of healing, Christ was still the real Healer.

Sometimes we become confused on this point, forgetting that the most important health habits in the world are incapable of saving us. We cannot earn our way to heaven even by making all the best health choices. Instead, we must always rely on His mercy and grace for salvation and the power to make those healthful choices.

2. *Practice and teach only evidence-based principles.* Pseudoscience causes us to lose our grip on the anchor of evidence, often resulting in a dangerous drift toward anti-science and conspiracy theories. It puts far more than our own choices on the line. The US Department

of Health and Human Services states that “evidence-based public health draws on principles of good practice, integrating sound professional judgments with a body of appropriate, systematic research.”²

Evidence-based principles work in the home, the church, and in the public square. Oakwood University, a Seventh-day Adventist institution, became the first entity in the US state of Alabama to join Partnership for a Healthier America (PHA), a progressive movement to eradicate childhood obesity. Nancy Roman, President and CEO of PHA stated, “Oakwood University has demonstrated leadership in creating a culture shift toward wellness through the successful implementation of PHA's evidence-based health and wellness guidelines.”³

While we should encourage a vegetarian diet wherever possible, we should understand that food availability, knowledge, and economics all influence the choices many can make. “The diet God ordained in the Garden of Eden—the vegetarian diet—is the ideal, but sometimes we cannot have the ideal. In those circumstances, in any given situation or locale, those who wish to stay in optimum health will eat the best food that they can obtain.”⁴

3. *Love the people more than the principles.* When Christ is central in our lives, He gives us empathy and understanding for those walking along


the same pathway. Possessing, with His help, a nonjudgmental attitude, we will recognize that we also need to grow each day through His strength. When we have internalized this, it should prevent us from being critical of others who choose to live differently than we do.

Recently, a member of a church I have worshiped in a number of times related a tragic story. Having invited her neighbor to come to church on many occasions, she had been praying earnestly that the woman would attend. One day, across the back fence, her neighbor said she planned to visit the next week. Overjoyed, the church member invited her to the fellowship meal following worship and assured her that she did not need to bring any food. The following week, the neighbor was at church. However, knowing her neighbor was a vegetarian, she brought a dish she had prepared

without meat, left it on the counter in the church kitchen, and then went to the sanctuary and sat with her friend.

Following the service, they both went to the fellowship hall. While going through the line, the neighbor noticed her dish had not been set out. Quietly going to the kitchen, she inquired whether she had left it in the wrong place. Gesturing toward the garbage can, the woman in the kitchen replied, "It was in the right place, but I threw it out because it had cheese in it." In tears, the neighbor went home, never telling her friend and perhaps never intending to visit that church again.

The love of Christ should compel us to do all we can to help others in a loving, understanding, and compassionate way to make better choices. "God forbid that I should boast except in the cross of our Lord Jesus Christ, by whom the world has been crucified to me, and I to the world" (Gal. 6:14, NKJV).

When we gratefully accept the gift of health that God has given us, focus our lifestyle choices on what is wholesome, and cheerfully yield our desires and appetites to Christ, we can rejoice in the blessings of a balanced, joy-filled life that will reflect a lovable and loving relationship with all. "And now these three remain: faith, hope and love. But the greatest of these is love" (1 Cor. 13:13, NIV). 

- 1 Gary E. Fraser, *Diet, Life Expectancy, and Chronic Disease: Studies of Seventh-day Adventists and Other Vegetarians* (New York: Oxford University Press, 2003).
- 2 "Evidence-Based Clinical and Public Health: Generating and Applying the Evidence," HealthyPeople.gov, accessed October 24, 2018, <https://www.healthypeople.gov/sites/default/files/EvidenceBasedClinicalPH2010.pdf>
- 3 "Oakwood University Receives the Crystal Apple Award for Campus Wellness Initiatives," inside Oakwood, May 12, 2018, <https://www2.oakwood.edu/apple-crystal-award-wellness-initiative/>.
- 4 General Conference Ministerial Department, *Seventh-day Adventists Believe: An Exposition of the Fundamental Beliefs of the Seventh-day Adventist Church*, 3rd ed. (Silver Spring, MD: Review and Herald Pub. Assn., 2018), 323.


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Zeno L. Charles-Marcel, MD, is an associate director of the Health Ministries department, General Conference of Seventh-day Adventists, Silver Spring, Maryland, United States



A living health for a dying world

It was the best of times, it was the worst of times . . .” These memorable words from Charles Dickens’s *A Tale of Two Cities* seem uncannily accurate today. Newspapers, magazines, the internet, all bear witness to the fact that the world is in a confused state. Governments, corporations, the weather, and even the individual anarchist “next door” make personal safety and security potentially as fleeting as the next news cycle.

Meanwhile, in the area of personal health, despite gains in longevity, more people are sick than ever before. Are our communities prolonging life, or are they actually prolonging dying? Do they provide health care or sick care? Individuals encounter pain on a personal level in failing relationships, secret activities, or internal struggles that that person and God know. People experience what Paul wrote about as an internal, universal battle between the good that they want to do and the reality of what they actually do (Rom. 7:19, 23). The world is broken, and this brokenness is an ever-expanding ooze of sickness, decay, suffering, and death.

Can anyone realistically expect to find health in such a world?

In the beginning

The Genesis account is clear: God brought order out of formlessness. Referring to light, God saw that it was

good! (Gen. 1:4). He gave this assessment six times (vs. 4, 10, 12, 18, 21, 25) and culminated with a seventh, saying, it was “very good” (v. 31). Human beings, and all of God’s earthly creation, as they came from the hand of God or by the Word of the Creator, represented a completed perfection. Everything was as it should be. Nothing was missing, nothing was broken. All functioned harmoniously as one creation.

Humans, meanwhile, made in the image of God and in His likeness, were given authority as viceroys of this creation and had special and specific instructions, responsibilities, and privileges. Life in Eden was perfect—until the Fall.

The hope of shalom

As we read about the fall of Eve and Adam (Gen. 3), there is an issue that we should not miss. The ultimate source of decay and disruption was neither Adam nor Eve. It was the intruder, Satan. Behind what we see today is a raging battle between good and evil, a literal battle between literal supernatural powers. To not appreciate this crucial fact could lead to a tacit assumption that the brokenness and suffering that exist may be part of earth’s original creation; that is, the God of Creation may be obliquely seen as a participant in decay and death rather than as our Champion against these unwelcome

intruders. This view is, essentially, what most forms of theistic evolution teach.

The question is, then, how can a person find wholeness, health, and peace in this world? The answer is found in a single Hebrew word: *shalom*.

Shalom, though rich with meanings, comes close to the biblical understanding of health. *Shalom* signifies “completeness,” “harmony,” “personal well-being,” “personal welfare,” “prosperity,” and “wholeness” (in the sense of entirety and intactness). *Shalom* suggests a state of being in which all the needs and intended purposes are completely satisfied. It means peace in its most fundamental sense: everything working in harmony as intended, tranquil and without strife, and with nothing missing.

Thus, *shalom* was the state of God’s creation as He presented Adam and Eve to their Eden home. Perfection, the “very good” pronouncement at Creation, was the reciprocated relational peace and harmony that existed: Adam with Eve, both of them with God and with all of His animate and inanimate creation. More than merely physical well-being, the concept of *shalom* extends to the derivatives of existence: prosperity and security, as well as social (relational), mental (cognitive and emotional), and spiritual (connection with God) dimensions of humanness.

Shalom, total health, is what God intended for humans, as free moral beings, to keep, and it is what He desires that everyone regain—abundant life in Christ.

The whole person

Each person is a single, multidimensional unit of consciousness in bodily (male or female) form (Gen. 2:7). In the Mosaic view found in the Pentateuch, human beings have no real, even spiritual, existence apart from the body. Each of us is a complex, intimate interaction of body and mind in which everything that happens to us, in any dimension, physical or mental, happens in some way to the whole of us. Mind affects body and body affects mind, and both interact with our environment. Perception and knowledge, even of divine origin, depend upon the physical-chemical body as the medium.

Consider Jesus as He heals the paralytic who has been brought to Him by friends (Mark 2:1–12). Jesus honors “their faith” and forgives the sin of the paralytic. To Him, forgiving sin is as easy as saying “Arise, take up your bed, and walk!” We cannot see the former; that is, we cannot see that the man’s sins have been forgiven. But we can see the man healed. Thus, by performing the miracle of healing this man through His spoken Word, Jesus showed us that we can trust His Word about the man’s sins being forgiven as well. Here was a case of Jesus bringing shalom, physical and spiritual healing, to a sin-sick soul. The implications of this reality are astounding.

We—ministers, physicians, and pastor-teachers—must first yield to God and learn of Him and His Son. Then, we are to cooperate with Christ in order to preserve every aspect of our being (1 Thess. 5:23) as our reasonable service (Rom. 12:1). The apostle Paul admonishes us, by the mercy of God, to present our bodies as living sacrifices, holy, pleasing unto God, as an act of worship. As His children, created and redeemed by God, we worship Him as the only true God and Creator; therefore, we must reasonably be expected to respect and promote the health of His creation—personal, social,

even environmental. Our motivation to pursue personal physical, mental, and spiritual health goals are acts of *reasonable service*. Thus, by our own receiving of shalom, we help lead others to it as well.

Recipe for shalom

No question, shalom is a gift bestowed upon us by our gracious and generous Father. He gave us instructions and the antidote for sin, Christ our righteousness, through whom we can do all things. In loving response to such a precious gift, we yield our own ways and joyously comply with His will for our own well-being and the preservation of peace, shalom. This was true before the Fall, and it is still true after, but the situation has become more complex. He has prescribed everything we need for our well-being and has been clear on His boundaries, which, if disregarded, end in pain.

The environment is also part of that responsibility. It is like what happens within our own bodies. The quality of our organs and tissues, as a whole, plays a deterministic role in cellular health—genetic expression, function, activity, and so on. That is, our “macroenvironment” affects our individual and collective health. Current scientific research on the *exposome* bears this out and sheds light on God’s original injunction and His warning about destroying our environment (see Num. 35:33; Rev. 11:18).*

Unfortunately, due to sin, our very natures have become corrupted, and everything in our world is affected, even to the point where, though we were once given charge of taking care of the creation, we have become the agents of decay and, in fact, even participate in the destruction of that same creation.

The Divine Healer

This is our present situation, but the good news is that God is our Healer, and He restores shalom for those who let Him. While His instructions are primarily health promoting, we must not forget that He is the cure for our infirmities (Isa. 53:4, 5). He calls all people to listen to His voice and not harden their

Healing in the biblical sense is a divine act in which human healers are privileged to participate.

hearts to it. He promises everyone who consents a heart transplant so that we can do as He asks (Ezek. 36:26–28). He invites us to be ambassadors of His shalom (2 Cor. 5:20). Healing in the biblical sense is a divine act in which human healers are privileged to participate.

Christ came to this earth at infinite cost, not brushing aside God’s law but, rather, establishing its eternal perpetuity. He became obedient unto death, even death on the cross. The fact that death, extrinsic to God’s created order, was vanquished at Christ’s resurrection inspires hope—the hope and promise that death is not the final stage of our existence. We are new creatures by the grace of God and, through faith, we are re-created into His image. We show the fruit of this new life by willingly complying with, and teaching others, God’s will for our lives. And, thus, God through us establishes, to the degree possible now, the shalom we had originally been created with—and that we will fully experience in the new heaven and a new earth, where righteousness dwells (2 Pet. 3:12–14).

“And may your whole being—spirit, soul, and body—remain blameless when our Lord Jesus, the Messiah, appears. The one who calls you is faithful, and he will continue to be faithful.” (1 Thess. 5:23, 24, ISV). ❧

* The Centers for Disease Control and Prevention states, “The exposome can be defined as the measure of all the exposures of an individual in a lifetime and how those exposures relate to health. An individual’s exposure begins before birth and includes insults from environmental and occupational sources.” www.cdc.gov/niosh/topics/exposome/default.html

Torben Bergland, MD, a psychiatrist and psychotherapist, is an associate director of the Health Ministries department, General Conference of Seventh-day Adventists, Silver Spring, Maryland, United States.



Staying sane in an insane world

Perhaps you have heard the phrase “What doesn’t kill you makes you stronger.” Sounds nice, but it is not always true. If one survives something, one may come out stronger or may come out broken, battered, and barely hanging on. All we can truly say is, “What doesn’t kill you doesn’t kill you.” When bad things happen to us, we may be injured, hurt, or harmed, and we may suffer from it for a long time, sometimes even the rest of our lives. The broken world breaks us—sometimes partially, sometimes completely.

While our understanding and acceptance of physical illness and suffering have become quite advanced, this is not as true when it comes to mental illness. Though very common, mental health issues still carry stigmas and misconceptions. Conservative estimates indicate that at least one in ten people worldwide suffer every year from a mental disorder that adversely and significantly affects their quality of life and, therefore, requires treatment. In a lifetime, at least one in four will suffer from a mental disorder and need treatment. The Global Burden of Disease Study 2016 showed that mental disorders, predominantly depression and anxiety, are leading causes of disability worldwide.¹

Pastors live on the frontlines of the mental health battle. A study of 8,098

individuals from a nationally representative population survey found that, among individuals who sought treatment for mental health disorders, 16 percent contacted psychiatrists, 16.7 percent contacted general medical doctors, and 25 percent contacted clergy. Furthermore, nearly one-quarter of those seeking help from clergy have the most seriously impairing mental disorders, and the research shows that the majority of these patients are seen by the clergy only.²

Further research was conducted among the pastors of nearly all African-American churches in a metropolitan area regarding their pastoral counseling work and related aspects of their ministry. The clergy averaged 6.2 hours of counseling work weekly and often addressed serious problems similar to those seen by secular mental health professionals, with whom they reported readily exchanging referrals. Forty percent reported seeing people with severe mental illness and two-thirds saw substance abuse in their congregations. Over 60 percent had counseled people they considered dangerous; and two-thirds had counseled suicidal persons.³

As psychiatrists, we rightly ask ourselves, How can we help our patients? In light of these statistics, surely another relevant question must be: How can we help our pastors? We rejoice at what God is doing in the faith

How to cultivate mental resilience

- Sleep 7 to 8 hours every night.
- Exercise a minimum of 30 minutes five days a week.
- Eat nutritious and healthy food.
- Rest daily and weekly—set aside time for recreation, quietness, and reflection.
- Set appropriate boundaries and be temperate.
- Know yourself—write your life story and talk with someone you trust about it.
- Deal properly with your thoughts and feelings—do not run away from them or deny them.
- Take charge of your life—live according to your values.
- Connect with others—cultivate close, loving, and supportive relationships within and beyond the family.
- Practice compassion, forgiveness, kindness, and gratitude toward others, as well as yourself.
- Live for something and someone.

community and our ability to partner with them. Let us not underestimate or belittle the suffering that people go through—but instead recognize:

1. *Mental disorders are more common than we might think.* Although we may not be aware of who, what, and why, every one of us knows someone who suffers mentally. Meanwhile,

2. *A mental illness is not something you simply snap out of.* Try to understand and respect that there are always significant reasons why someone develops a mental illness. Many people around you have painful stories and are fighting battles that you know nothing about. We often take health for granted; but that is a

Sure, good spiritual health may make you mentally stronger, as being physically and socially healthy can do too. But be careful not to add to the sufferer’s burden by accusing the sufferer of spiritual failure. Rather, as Jesus would do—of whom Isaiah said that “a bruised reed He will not break and a dimly burning wick He will not

Could you be suffering from anxiety?				
Over the last two weeks, how often have you been bothered by the following problems? (Circle the one that fits best.)	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
Summarize scores	0 +	+	+	
Total score			=	
If your total score is 10 or higher, you may have an anxiety disorder that should be treated, and you should seek evaluation by a doctor or psychologist. If your score is lower, you may still be in need of support and help.				
Source: Robert L. Spitzer et al., “GAD-7” (Generalized Anxiety Disorder) anxiety screener, https://phqscreeners.com .				

many of us will, at some point in our lives, experience the pain that comes when our mental defense systems are insufficient to meet the challenges that overwhelm us.

Unfortunately, people who suffer mental health challenges are often twice burdened when they are not met with understanding, compassion, and supportiveness. Never tell someone with a mental illness, “Pull yourself together” or anything like that. (You would never say that to someone with cancer or multiple sclerosis, right?)

mistake. We live in a fallen, broken, and sinful world; sickness and dysfunction, consequently, are to be expected. Sooner or later, something will happen to all of us.

3. *Mental illness should not be equated with spiritual problems.* Mental health and spiritual health are not one and the same. As the body may become sick, even despite the person being spiritually sincere and devout, so can the mind. The mind is, after all, a bodily function and, thus, is subject to human infirmities and hardships as well.

extinguish” (Isa. 42:3, NASB)—carry the sufferer’s burden (Gal. 6:2). Treat others with the same kindness that you would like to be treated with. Likewise, treat yourself with the kindness that you would treat others with.

Just trying to keep it together


From the day we are conceived until the day we die, we are constantly exposed to threats: germs, toxins, dysfunctional genes, malnutrition, violence, accidents—the list goes on.

Could you be suffering from depression?				
Over the last two weeks, how often have you been bothered by the following problems? (Circle the one that fits best.)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep—or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed or the opposite: being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
Summarize scores	0 +	+	+	
Total score			=	
If your total score is 10 or higher, you may have a depressive disorder that should be treated, and you should seek evaluation by a doctor or psychologist. If your score is lower, you may still be in need of support and help.				
Source: Robert L. Spitzer et al., "Patient Health Questionnaire-9" depression screener, https://www.phqscreeners.com/ .				

Our health and well-being depend on our ability and capacity to resist and withstand these threats. Without well-developed and sophisticated defense systems, our physical and mental health will soon succumb to the reality of our fallen world. We are at risk whenever these defense systems prove to be deficient or overwhelmed.

Pastors are acutely aware that for many, it is a challenge not to lose one's mind in such a crazy world. Our world is so far below what we were created for. In order to stay sane, in order to safeguard our mental health, we need to cultivate mental resilience. Mental

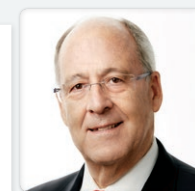
resilience is the ability and capacity to withstand and adapt appropriately in times of stress and adversity. Whether we already are suffering from mental illness or trying to protect ourselves from it by living healthily and holistically, we may increase our resilience and benefit mentally.

While pastors join with mental health professionals to valiantly combat mental illness, ultimately we must accept that it is part of the human condition. It will be with us as long as we live in this broken world. Only in the world to come will it be a thing of the past. 

- 1 Theo Vos et al., "Global, Regional, and National Incidence, Prevalence, and Years Lived With Disability for 328 Diseases and Injuries for 195 Countries, 1990–2016: A Systematic Analysis for the Global Burden of Disease Study 2016," *The Lancet* 390, no. 10100 (Sept. 16, 2017): 1211–1259, doi.org/10.1016/S0140-6736(17)32154-2.
- 2 Wang, Philip S., Patricia A. Berglund, and Ronald C. Kessler. "Patterns and Correlates of Contacting Clergy for Mental Disorders in the United States," *Health Services Research* 38 no. 2 (2003): 647–673, <https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.00138>.
- 3 John L. Young, Ezra E. Griffith, and David R. Williams, "The integral role of pastoral counseling by African-American clergy in community mental health," no. 3, *Psychiatric Services* 54 (2003): 688–692., <https://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.54.5.688>

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Peter N. Landless, MB, BCh, MFamMed, MFGP (SA), FCP (SA), FACC, FASNC, is the director of Health Ministries, General Conference of Seventh-day Adventists, Silver Spring, Maryland, United States.



Choose your medicine

Some time ago, I received the following question: “I am a 35-year-old female and enjoy good health. I am very busy as a mother, wife, and schoolteacher. I don’t get to exercise much and have a family history of breast cancer. Does exercise really reduce the risk of breast cancer?” From my interaction with clergy, the same letter could well have been written. Does exercise really reduce the risk of chronic disease?

Why should I?

Simple answer, yes. Regular exercise is not only a preventive measure; it also works to maintain health at its best, is protective, and provides many benefits. The Physical Activity Guidelines for Americans (PAGA) Advisory Committee, comprising 13 leading experts in the field of exercise science and public health, summarizes the benefits of exercise in the table opposite.

What should I?

Exercise is a form of physical activity that is planned, structured, repetitive, and performed with the goal of improving health and fitness. Regular exercise has been shown to decrease the risk of breast cancer in women. More than 150 years ago, counsel was given, “Walking, in all cases where it is possible, is the best exercise, because in walking, all the muscles are brought into action.” In a recent analysis of the 2013 Global

Health Benefits Associated With Regular Physical Activity

CHILDREN AND ADOLESCENTS

STRONG EVIDENCE

- Improved cardiorespiratory and muscular fitness
- Improved bone health
- Improved cardiovascular and metabolic health biomarkers
- Favorable body composition

MODERATE EVIDENCE

- Reduced symptoms of depression

ADULTS AND OLDER ADULTS

STRONG EVIDENCE

- Lower risk of early death
- Lower risk of coronary heart disease
- Lower risk of stroke
- Lower risk of high blood pressure
- Lower risk of adverse blood lipid profile
- Lower risk of type 2 diabetes
- Lower risk of metabolic syndrome
- Lower risk of colon cancer
- Lower risk of breast cancer
- Prevention of weight gain
- Weight loss, particularly when combined with reduced calorie intake

- Improved cardiorespiratory and muscular fitness

- Prevention of falls
- Reduced depression
- Better cognitive function (for older adults)

MODERATE TO STRONG EVIDENCE

- Better functional health (for older adults)
- Reduced abdominal obesity

MODERATE EVIDENCE

- Lower risk of hip fracture
- Lower risk of lung cancer
- Lower risk of endometrial cancer
- Weight maintenance after weight loss
- Increased bone density
- Improved sleep quality

Our wholeness of body, mind, and spirit depends on the priorities we choose.

Burden of Disease Study, not only was the protective effect of regular exercise confirmed for breast cancer, it was shown that there is benefit in even the lower activity level groups (150 minutes of walking per week). The protection increases in the moderately and highly active groups. A similar pattern emerged for the benefit of exercise in protecting against colon cancer,

diabetes, and coronary artery disease and stroke.

When should I?

Compelling evidence continues to emerge proving that people who are physically active for approximately seven hours a week have a 40-percent lower risk of dying prematurely than those who are active for fewer than 30 minutes a week. There is substantially lower risk of premature death when people do two and a half hours of at least moderate-intensity aerobic physical activity a week. The findings of the studies that have led to these recommendations are applicable across nations and ethnicities.

“Choose ye this day”

We are victims of the tyranny of an overfilled schedule. Despite all our time- and labor-saving devices, we struggle to find time to care for the fitness of our bodies and, even more

sadly, the well-being of our relationship with Christ—both of these activities require time and intentional planning. Our wholeness of body, mind, and spirit depends on the priorities we choose.

A pastor complained to his spouse about the bitter medicine his doctor had prescribed and the restrictive regime he was now compelled to endure. His wife said to him, “Either you go to the gym or you go to the hospital. You choose your medicine.” Unless pastors intentionally embark on an exercise regime, they will succumb to the pressures of pastoral life. Take time to exercise—it could mean life or death. Choose your medicine. ✓

- 1 US Department of Health and Human Services, 2008 Physical Activity Guidelines for Americans, October 7, 2008, 9–12, <https://www.health.gov/paguidelines/pdf/paguide.pdf>.
- 2 Ellen G. White, “Experience,” *The Health Reformer*, July 1, 1872, 219.
- 3 World Health Organization, “Physical Activity,” February 23, 2018, <http://www.who.int/news-room/fact-sheets/detail/physical-activity>.

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Abuse of any kind, whether perpetrated against women, men, girls or boys, is evil.

Besides gender, abuse crosses all cultural, racial, socioeconomic, and religious or denominational boundaries. If you sense someone is facing abuse, offer empathetic help and hope. If you are a victim, seek help.

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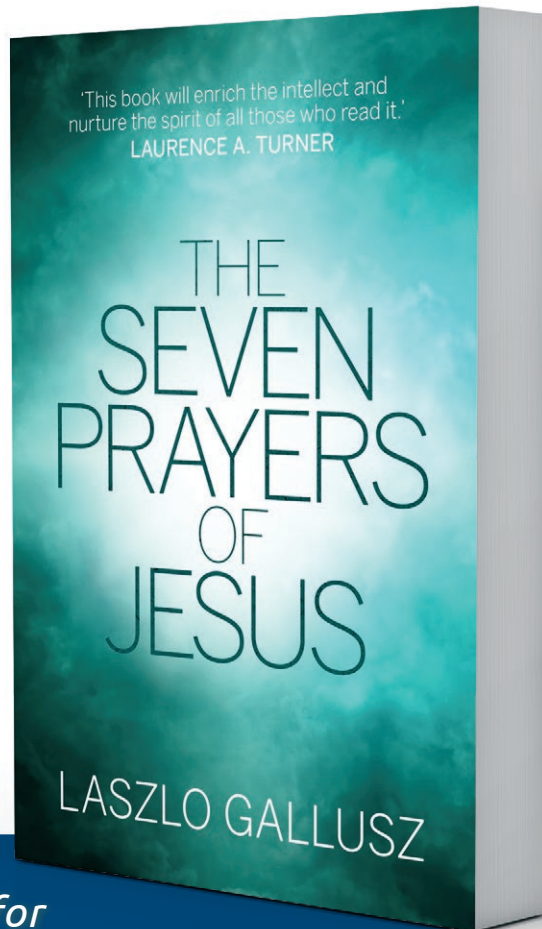


The Seven Prayers of Jesus

by Laszlo Gallusz, London, UK: Inter-Varsity Press, 2017.

Laszlo Gallusz is a pastor and senior lecturer in New Testament studies at the Belgrade Theological Seminary, a Seventh-day Adventist institution in Serbia. An experienced pastor and biblical scholar, he has written this book for fellow pastors. This is not a devotional book, though readers will experience personal blessings. This volume is for those who preach and teach the Word of God. Readers who wish to pursue additional studies on the topic will find the footnotes and bibliography helpful.

Before focusing on the seven prayers of Jesus, the author provides a helpful introduction and two general chapters. The first chapter, “Prayer in the Life of Jesus,” focuses on Jesus’ attitude toward prayer, the practice of prayer, and instructions for prayer. It ends with the assur-



This volume is for those who preach and teach the Word of God. Readers who wish to pursue additional studies on the topic will find the footnotes and bibliography helpful.

ance that, indeed, Jesus listens to our prayers. The second introductory chapter, “Abba: Experiencing Intimacy With God,” is a helpful discussion of the theme announced by the chapter title.

The following seven chapters constitute the core of the book: “The Lord’s Prayer,” “The Prayer of Thanksgiving,” “The Prayer at the Resurrection of Lazarus,” “The Prayer Answered by a

Heavenly Voice,” “The Farewell Prayer,” “The Prayer in Gethsemane,” and “Praying on the Cross.”


In each chapter, the author provides insightful information about the prayer and a textual analysis of it. I found the chapter “The Farewell Prayer” to be especially helpful. The prayer is not a sad farewell, according to the author, though no doubt the disciples did not

want to see Jesus leave. Jesus “is preparing to return to the Father, but he also bears a burden for the future of the work he has begun” (104). In this prayer Jesus points out that unity is critical, though, Gallusz writes, “unity is not an end in itself, but a necessary prerequisite for effective witness” (105).

Gallusz ends the chapter with a powerful statement on the transformational power of unity: “Unity of heart and mind comes from God, and human will cannot manufacture it. It comes as a result of the transformed hearts of human beings. John 17 reflects the depth of this transformation which Jesus believed his followers would experience. By sharing in the spiritual bond that transcends any form of human unity, believers experience the reality of God as King in their lives” (110).

Congregations would do well to reflect on this paragraph or, better yet, repeat this paragraph aloud during each worship. This is a transformational statement.

Do you want to do a series of sermons or midweek studies about the prayers of Jesus? In his endorsement comment, Laurence A. Turner, principal lecturer emeritus in Old Testament (a respected scholar and preacher) at Newbold College in England, writes “This book will enrich the intellect and nurture the spirit of all those who read it” (cover). I concur—and believe those who read it will agree.

—Reviewed by **Nikolaus Satelmajer, DMin, STM**, former editor of *Ministry* and current consultant and discipleship coach for Trans-European Division of Seventh-day Adventists. He resides in Silver Spring, Maryland, United States. 

► Mental health training in Southern Asia-Pacific region

Silang, Cavite, Philippines— According to recent studies, the number of patients with mental health issues has grown significantly around the world in the past few years. Researchers see this issue as becoming one of the top causes of morbidity and mortality. The World Health Organization (WHO) has noted a growth of mental health issues among young people, beginning at age 14.

Recognizing this risk in countries within what is known as the 10/40 window, a densely populated region in the world where Christians are a minority, the Health Ministries department in the Southern Asia-Pacific Division of the Seventh-day Adventist Church recently facilitated the training of mental health teams in its 11 unions to help church members deal with the realities of mental illnesses, including suicide and other sensitive topics. “The new initiative aims

to train individuals to be resilient when mental health circumstances arise, giving them tools so they know how to respond,” regional leaders said.

The training included instruction on how to administer a variety of personality tests that accurately identify appropriate measures to help patients improve their emotional health. “Core teams were also trained in how to conduct psychological first aid for victims of disasters, calamities, violence, bullying, rape, and brutality, and to those with mental disorders,” training coordinators reported.

They also discussed the various methods of ministering to dysfunctional individuals using the 12 Step Method promoted by Adventist Recovery Ministries (ARMin). ARMin is a ministry focused on training volunteers across cultures and backgrounds—in both large cities and remote areas—to spread

Photo: Southern Asia-Pacific Division



awareness about mental health. Part of ARMin’s goal is to rescue patients from mental health issues and point them to the ultimate Source of healing, Jesus Christ.

One volunteer from the Bangladesh Union Mission who took part in the training highlighted the importance of the knowledge acquired. “What I have learned from this training seminar will be of great help to my co-workers and me, to deal with our church members and others with care, kindness, and love,” he said. [Southern Asia-Pacific Division/*Adventist Review*]

► They were the hands and feet of Jesus

Fort Worth, Texas, United States— “Tremendous!” “Impressive!” “Amazing!” This is how volunteers, patients, and community members alike described the most recent three-day mega clinic held in Fort Worth, Texas, United States, on September 19–21, 2018. The eighth in a series of “Pathway to Health” community health clinics held in cities around the United States over the past five years, the Fort Worth event stands out as perhaps the most unique. “We had more than 6,800 patients receiving more than \$25 million [worth] in services provided. We had 3,211 patients on just one day. This is the most we’ve ever seen in one day,” said **Lela Lewis**, president and cofounder of Pathway to Health. “There is a great need, and we’re trying to fill that need in a small way.”

“We had 2,200 volunteers, and approximately 50 to 75 percent of them

were new,” said **Kim Gooode**, who manages volunteer registration for Pathway to Health. “We also had a

large number of volunteers who are not members of our church—probably the largest ever,” she added. Providentially,



Photo: Pieter Damsteegt



Photo: Pieter Damsteegt



two well-known and influential pastors from the community, **Kenneth Jones Jr.**, pastor of the Como First Missionary Baptist Church, and **K. P. Tatum**, pastor of the New Mount Rose Missionary Baptist Church, were quite instrumental in paving the way for Pathway Fort Worth and, through the efforts of their church members who hand delivered flyers all over the city, saved the organization thousands of advertising dollars.

“We had pastors from Baptist and Assembly of God churches, the Texas Conference, and the Southwest Region Conference all working together to impact the city in a marvelous way,” said **Elton DeMoraes**, vice president for ministries at the Southwestern Union Conference of Seventh-day Adventists. The Southwestern Union as well as the Texas and Southwest Region conferences collaborated to fund the event, and administrators, staff, pastors, teachers, church members, and others literally rolled up their sleeves and came together to be the “hands and feet” of Jesus.

Also noteworthy is the large number of school and medical groups that came to volunteer. Southwestern Adventist

University, several local academies and primary schools, Texas Health Huguley Hospital (which sent volunteers and provided all lab services at no charge), and many others too numerous to mention all contributed in their own way to make the event a success.

When asked, “Why do you do this?” **Carol Schaefer**, who worked in patient registration in Fort Worth and at three previous events, responded, “It’s what Jesus did when He was on the earth—helping people in their daily needs.”

Debra Dehning, general manager of the cardiology department, along with her physician husband, has volunteered in six clinics. “It gets in your blood,” she says, “and you can’t quit!”

Linda Crosier, who volunteered in the triage area, finds her involvement as a Pathway volunteer to be a fulfillment of her childhood dream to become a missionary nurse. “Ever since I was six years old, missionary nurses used to come and tell their stories. Since then, I always wanted to be a missionary nurse,” said Crosier.

Dave Fiedler, a volunteer, got the idea that, in addition to serving as a chaplain during regular clinic hours,

he would sleep outside and mingle with the patients as they waited in line overnight—passing out water, chatting with various groups, easing people’s tensions, and praying with them. When a woman who was waiting in line had a seizure and was taken to the hospital, Fiedler was able to organize a group of waiting patients to pray for her. “This [staying outside with the waiting people] provided a tremendous opportunity to put a positive face on the organization before the people ever came through the door,” he said.

Claire Diaz, director of the music department at Pathway Fort Worth, related that a man was standing in line listening intently to the instrumental music that one of the volunteers was so beautifully playing. “What is it about your music that makes me feel like God is talking to me?” he asked the musician. “Are you a Christian?” she asked. “I used to be,” he told her, “but I feel like something is tugging at my heart.” Thoughtfully she responded, “Maybe God is calling you.” When the man asked her how we can know the will of God, the musician offered to give him a Bible study on the topic right then and there. They finished the study and prayed together, and then he exclaimed, “I thought I was coming here for physical healing, but actually, I think I came for spiritual healing!”

“I’m really impressed with all the services you are offering,” remarked **Betsy Price**, mayor of Fort Worth. “Portable x-rays, dental services, a little bit of everything—even haircuts! It’s amazing! Thank you for caring about our community.” [Pat Humphrey, Fort Worth, Texas]

▶ North American summit on abuse calls pastors to be accountable

Columbia, Maryland, United States—“We will not bury our heads to act as if abuse does not happen,” said **Ivan Williams**, director of the North American Division (NAD) Ministerial

Association during his opening remarks on the first day of the NAD enditnow Summit on Abuse, September 24, 2018.

The two-day summit was organized to help equip pastors, teachers,

volunteers, church staff, and members with the tools and knowledge to help end abuse within their scope of influence. As part of the enditnow campaign, the summit featured a number of



Susana Campos-Madrigal shares how to transform fear into freedom during the Spanish-language presentations.

[Photo: Mylon Medley,
North American Division News]



experts—ranging from church leaders and administrators to advocates, attorneys, and women who shared their encounters with abuse.

“This is an annual event with different presenters and different topics every year because we know it’s not about just hearing it once,” said **Erica Jones**, assistant director of NAD Women’s Ministries and the organizer of the summit. “We have to be reminded [of this issue], and there’s always new information coming out.” Local pastors, leaders, teachers, and students were invited to attend presentations in Spanish on September 24 and in English on September 25. In addition, the meetings on both days were streamed live on Facebook and YouTube so that viewers from across the division’s territories and also other countries, including Mexico, Belize, Latvia, Estonia, and Bermuda, were able to send questions to the presenters and receive the summit’s resources.

“Foundational and invaluable principles about and against abuse are being shared here. Kudos,” said participant **Lemuel Llaguno Niere** through a Facebook comment. The Facebook live stream in Spanish received nearly 6,500 views within 48 hours of its broadcast. The English stream received 5,572 views within 24 hours.


Kate Ott, associate professor of Christian Social Ethics at Drew Theological School and lecturer in practical theology at Yale Divinity School, spoke on the importance of creating healthy boundaries, especially in faith communities. She said that while the policies and laws we follow help enforce those boundaries, more is required. “Religious institutions are not exempt from secular laws, and we

shouldn’t be. In fact, we should want higher standards,” Ott said. “We are communities of care, trust, respect, and justice. We should be saying, ‘The law doesn’t go far enough. What else can we do?’”

In addition to being held accountable by church policies, the leaders, teachers, and church and school volunteers are held accountable by the law to report cases of abuse. “Legal responsibility comes under mandatory reporting,” said **Krista Blakeney-Mitchell**, associate director for the Improving Criminal Justice Responses to Sexual Assault, Domestic Violence, Dating Violence and Stalking Assistance Program for the US Department of Justice. According to Blakeney-Mitchell, a mandatory reporter is someone whose professional job or position makes them obligated to report any suspected abuse. “Mandatory reporters recognize, respond, and report [abuse], and then you’re done,” said

Mitchell. On the other hand, “accountability can be a lifetime commitment.” Mitchell defined accountability as being informed, knowing limitations, providing ongoing support, and making a difference.

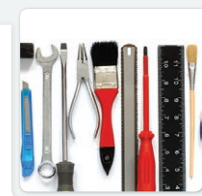
Some may find it difficult to hold a fellow Christian accountable for their actions, especially if the perpetrator is well known and loved. However, that should not impede the reporting process. “Our duty is to report,” said **Tony Anobile**, NAD vice president for Multilingual Ministries. “It is uncomfortable, and sometimes it puts us at odds with people, but I would rather do that and know that I’ve done my job and have a clear conscience than try to look the other way and not do anything.”

Blakeney-Mitchell emphasized the same sentiment: “Regardless of whether you’re a mandatory reporter, you’re accountable for your brother, your sister. Community accountability, especially when it’s in the church, is going that extra mile. When communities take on the mission of accountability, progress is imminent.” [Mylon Medley, North American Division News] 



Dr. Ivan Williams and
Pastor Jose Cortes

Elizabeth Camps is writer and public relations specialist for Adventist Risk Management, Inc., Silver Spring, Maryland, United States.



Emergency planning: *An essential component of every church*

Churches of every size will encounter an emergency at some point. Emergencies will always occur, whether they are probable situations, such as a broken-down piece of equipment in need of repair, or the unpredictable, such as a natural disaster. As a pastor in a position of leadership, it is critical to ensure that your church is prepared for those emergencies whenever they happen.

Emergency planning is an ongoing process that should address the types of emergencies the congregation may face. It is crucial that a dedicated team composed of key stakeholders is in place to create a plan tailored to the congregation. These individuals can contribute to the planning and updating as needed. If a team is not already in place, this is the perfect time to create an emergency response team.

The emergency response team

The emergency response team covers four key areas: administrative, communications, medical, and security.¹

Administrative. Those in the administrative roles communicate with first responders and provide relevant information to church members during a crisis. As a pastor, you and the pastoral staff may serve in the administrative area. Also include ministry leaders and church members who have a background in risk management.

Communications. Those in the communications roles will be the point of contact for the media. This team will work with your ministry's leadership to prepare statements about the incident and keep all parties updated with the latest and most accurate information.

Medical. If you have volunteers with medical or emergency response

background, use them in medical roles whenever possible. They will provide immediate medical assistance and monitor vitals until first responders arrive on the scene. Their assistance will be essential to provide up-to-date patient information to the first responders.

Security. Those in the security roles should have a background in law enforcement or emergency response if possible. They will secure the church building during and after the emergency, search for missing children or church members, work with local law enforcement, and be familiar with floor plans and exits.

The emergency plan

With the emergency response team in place, create or update the emergency plan. Conduct an initial assessment of the types of emergencies the church may encounter throughout the year. These may include fire, hurricane, tornado, earthquake, flooding, and other natural disasters. It is also essential to review non-weather-related emergencies, such as missing persons, robbery, active shooter, or medical emergencies.

Using the list of emergencies, create an action plan that outlines action steps for leaders and members to follow in each situation. Include what should occur from the moment the alarm is sounded or the emergency is apparent. Who will contact the authorities? Who will guide church members away from the threat, if necessary, and ensure they follow the evacuation or action protocol? Where should church members congregate once they are evacuated from the premises? And how will church members be kept safe until first responders arrive on the scene and the emergency is declared to be under control? These are just a few questions

Emergency planning is an ongoing process that should address the types of emergencies the congregation may face.

to help you begin the process of creating or updating the emergency plan.

The emergency drill

The final component of emergency planning is the emergency drill. The drill may vary depending on which type of emergency the congregation is practicing for, and the emergency plan should outline those differences.² It is essential to share the details of the emergency plan with the congregation. Adventist Risk Management, Inc. (ARM), has created free resources for emergency planning and conducting an emergency drill.³

Set aside a date on which the church will conduct an emergency drill. Consider having the drill before, during, or directly after the main service to ensure all church members have the

opportunity to participate and become familiar with the plan.

With the date set, announce the upcoming emergency drill to the congregation. Before the event, schedule a meeting outside of the weekly church service to review the plan and action steps with the congregation. Allow members to ask questions and walk through the drill process with the team. Be sure to notify the alarm-monitoring company or fire department of the day of the drill so that they are aware.

On the day of the drill, remind members again that it is the designated day for the church to practice the action steps for an emergency. At the scheduled time, sound the alarm and begin the drill. The emergency response team should carry out their specific roles and make a note of areas of improvement or moments when members were unsure of what to do. If the drill involves an

evacuation, have a timekeeper record how long it takes to clear the building. One team member should sweep the building and, when ready, announce that the building is safe to reenter. Finish the drill by resetting the alarm and calling the alarm monitoring company or fire department to let them know the drill has concluded and the alarm has been reset.

Improve and repeat

Part of practicing the plan is the opportunity to update it so that the church can improve its response time and process. After conducting the emergency drill, gather the team and discuss any areas of improvement or times when church members were confused. How can the plan be improved? Were any exits blocked that should have been clear to use? Was the evacuation route clearly posted in all rooms? Did church

members know where to meet outside once they were evacuated?

Assess overall performance, update the plan accordingly, and repeat. With regular practice and a commitment to maintaining an updated emergency plan, you can help your church stay safe during emergencies and minimize injuries or accidents. ▽

- 1 For an easy-to-read flyer regarding these roles, see Adventist Risk Management, "Emergency Response Team Roles," 2015, https://adventistrisk.org/Adventist_Risk/media/ARMSiteContent/Safety%20Resources/English/IFS_EmergencyResponseTeam_NADENG.pdf?ext=.pdf.
- 2 See Adventist Risk Management, "How to Conduct a Church Fire Drill: A Guide to Plan, Conduct, and Evaluate a Fire Drill at Your Church," 2017, adventistrisk.org/Adventist_Risk/media/ARMSiteContent/Safety%20Resources/English/GUIDE_SSFireDrillBooklet_NADENG.pdf?ext=.pdf.
- 3 Find the free resources on the "Church Safety" page of the Adventist Risk Management website, <https://adventistrisk.org/en-us/safety-resources/church>.

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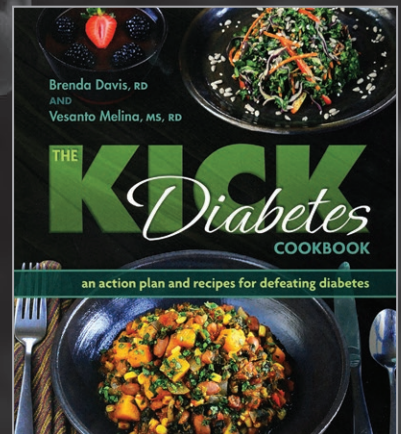


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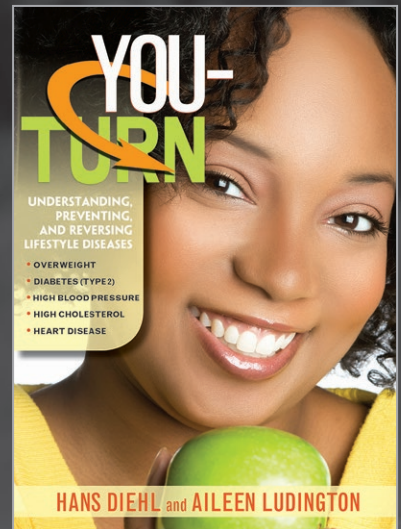


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