



Physician OF THE SOUL

**Jeanne Stevenson-Moessner
teaches students
to practice self-care**

As professor of pastoral care and pastoral theology, Dr. Jeanne Stevenson-Moessner sees the many connections between theology, health and medicine. When pastors understand those links, she says, they are better equipped to serve and to practice self-care. Stevenson-Moessner, an ordained clergyperson in the Presbyterian Church USA (PCUSA), shares her insights into the links between the disciplines.

Q: HOW DID YOU BECOME INTERESTED IN THE INTERCONNECTEDNESS OF THEOLOGY AND HEALTH?

A: A catalyst for me was a conference in Boston at Deaconess Hospital sponsored by Harvard Medical School called Spirituality and Healing that I attended in the 1990s. It was led by a Harvard cardiologist, Herbert Benson, who wrote a groundbreaking book in 1975 called *The Relaxation Response*. He showed that cardiac patients undergoing heart surgery did better on the operating table and post-operatively if they were involved in some relaxation response before surgery. By “relaxation response” he meant a bodily state of deep rest brought on by prayer, yoga, chanting or repetitive motion as well as other forms of meditation from other faith traditions. Through statistical, empirical, quantifiable research, this was clinically proven. Similarly, research has suggested that patients who are prayed for (by people they do not know, with the patients unaware of the prayers) have significantly better medical outcomes. This research is a bit more ambiguous, and still ongoing, but the possibilities fascinate me.

I began to see that theology is not just relegated to the soul. Theology, to me, underscores the interrelationship among the soul, the body, the mind and culture. I became fascinated by the term “physicians of the soul.” It came from John Chrysostom, Archbishop of Constantinople in the 4th century C.E., who talked about dis-eases of the soul. I’m beginning to look at the term, to see if we can reclaim that concept as we religious professionals work in partnership with other healers.

Q: WHAT MAKES YOU SO PASSIONATE ABOUT THIS PERSONALLY?

A: I grew up in a medical family. My father was a physician specializing in internal medicine. Among other family members, I also had two uncles who were surgeons. My family was involved in the care of the body, which I thought was separate from theology, which only related to the soul. But then I discovered that in ancient cultures, and even in not-so-ancient cultures, the religious leader and the healer were the same person. That was a real awakening for me. I began to open up to the impact of spirituality on healing of the body.

I remember talking to my dad in his office at Methodist Hospital in Memphis. He had stacks and stacks of medical journals on his desk. He was behind on his reading, he said, because he spent much of his time listening to his patients. He heard their aches and pains inside, not just what was going on bodily. He made house calls. He sat with patients who were elderly and alone, who were dying, who had no one. His manner was a wonderful example of the art of medicine.

As he talked about listening to people's stories, I thought, 'That is what I want to do. I want to listen to people's personal pain and hear about their invisible aches.' I didn't know how I was going to do it but that is what I wanted to do. Growing up as a woman in a southern, conservative home, medicine was never an option. But eventually, at Princeton Theological Seminary, I learned how to listen to the internal aches and pain and scarring of people. I didn't have the chance to become a medical doctor, but I could be a physician of the

soul. That's part of pastoral care: being a good listener and allowing people to talk about the scarring they've endured.

It's also become clear to me that any violation of the body is a spiritual issue.

The rape, battering and mutilation done to the bodies of women — those are theological issues. Protestants have been impoverished because we have not done much with Mary. We were afraid we might idolize her, so we went the opposite direction, and lost some of the importance of the incarnation. God became flesh — not just spirit — in the body of a woman. God dwelt among us in a physical body. That's a huge part of my understanding of the connection between theology and health.

Q: PASTORS AND CLERGY HAVE ALWAYS PLAYED A ROLE IN CARING FOR THE SICK. HAS THAT PRACTICE EVOLVED OVER THE COURSE OF YOUR CAREER?

A: Pastors have learned to care for themselves, to protect themselves against compassion fatigue. There were a couple of studies that triggered this. One study out of Austin Theological Seminary showed a very high rate of burnout among clergywomen who were in years 3-5 of their ministry. They gave it their all, sometimes while caring for children or aging parents, and it just overcame them. This was alarming. Similarly, Duke University did a comprehensive study in 2008, as part of the Clergy Health Initiative, where



Several Perkins grads at a 2018 meeting at Children's Medical Center Dallas, left to right: The Rev. Velma Johnson-Wyatt (M.Div., 2005), Sarah Vance Goodman (M.Div., 2012), Courtney Webb (M.Div., 2017), Cassie Wohlfarth (M.Div., 2017), Stevenson-Moessner and the Rev. Margaret Watkins (M. Div. 2001).

“We’re training students at Perkins to realize there are three loves: love of God, neighbor, and self, and they’re interconnected.”

JEANNE STEVENSON-MOESSNER

they interviewed almost every United Methodist minister in North Carolina, then compared them to their nonclergy peers with the same demographics. The results were shocking. In almost every category, UMC ministers were less healthy in mind, body and soul. They had more instances of problems like diabetes, arthritis, and depression than their non-ministerial peers.

We’ve woken up to the fact that, yes, we can continue caring for the sick, but foremost, we need to make sure we care for ourselves. That’s one of the most significant changes in the years that I’ve been in this field.

Q: YOU TEACH AN ELECTIVE COURSE IN PASTORAL SELF-CARE. TALK A LITTLE ABOUT THAT.

A: Yes, it’s an entire course in self-care, anchored in the Holy Scriptures. We look at other faith traditions as well, but mainly the Christian tradition. Luke 10:27 says to “Love the Lord your God with all your heart, mind, and soul, and your neighbor as yourself.” The last injunction, “love yourself,” has been largely neglected in religious circles.

In the course, we bring in experts who talk to students about financial and nutritional health. We have an SMU nutritionist who talks about caring for the body with nutrition. We bring in someone from the Texas Methodist Foundation who talks about getting one’s financial household in order. We have someone from the health center talk about depression, which is a high risk among clergy.

We’re training students at Perkins to realize there are three loves: love of God, neighbor and self, and they’re interconnected. Students are graduating from here not feeling guilty about working a self-care program for themselves. We’ve had this elective course in place since 2005, and as far as I’m aware, we’ve not had any former students who’ve dropped out of ministry due to compassion fatigue.

Q: WHAT IS THE CAREER OUTLOOK FOR STUDENTS WHO SPECIALIZE IN PASTORAL CARE?

A: It’s excellent. As examples, our graduates are serving in hospices and other palliative care organizations. We have a number who are chaplains in hospitals. There’s one in the oncology unit at Baylor Scott & White Health in Dallas. We have a number of alums who are Clinical Pastoral Education (CPE) supervisors around the country. One graduate is at C.C. Young Retirement Community in Dallas, working in palliative and elder care. We have a graduate who is working with justice issues and the underserved at CitySquare. Another graduate, the Rev. Deanna Hollas (M.Div., 2015) is minister of Gun Violence Prevention for Presbyterian Peace Fellowship. She’s the first in the nation.

Q: HOW HAS COVID-19 CHANGED THE PASTORAL CARE PROFESSION? DO YOU ENVISION WAYS THAT PASTORAL CARE MAY CHANGE LONG-TERM, EVEN AFTER THE PANDEMIC IS OVER?

A: One thing is clear: more senior ministers will be leaving the ministry soon. A recent Barna survey of Protestant pastors of all denominations found that 29% had given “real, serious consideration to quitting full-time ministry” during the COVID pandemic. Pastors are tired. During the pandemic, they didn’t have in-person contact. They couldn’t make visits in hospital or home. They’ve had to instead concentrate on video productions. There’s a kind of electronic fatigue that set in. Also, politics sometimes take over the congregational life. That sometimes gets very acrimonious. Many senior pastors are thinking, “Maybe it’s time for me to retire.”

On the positive side, some of our younger graduates, who are ten years or less into ministry, have asked for help during this very hard time. That is something we ministers have not done in the past. It was seen as a sign of weakness. Now we’re teaching that to ask for help when you need it is a sign of strength. That’s been a huge shift. We had a group of alums that formed a support group during the pandemic. They met for several weeks during the pandemic. Bravo. Our students have learned the importance of support groups and of having conversation partners. They have learned to ask for help when they need it. That’s progress.