Abstract

“MOVING AHEAD TO SPIRITUAL HEALTH: DIAGNOSTIC TOOLS FOR TRIAGE, RECOVERY, AND RECONCILIATION OF DYSFUNCTIONAL CONGREGATIONS”

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Project under the direction of Professor Julia Gatta

This project set out to identify a process of triage, recovery, and reconciliation for congregations that have experienced dysfunctional behavior by either the clerical leadership of a church or members of the congregation, or both. The process was gleaned from tools that helped me as rector of the Church of the Ascension, which had experienced the dysfunctional behavior of sexual impropriety by the previous rector and the church secretary. I also bring to bear evaluation tools that were developed during my time on the Diocese of Central Florida’s Congregational Development Commission during a period from 2007 until 2011.

These tools include the use of family systems theory, an awareness of conflict theory as it pertains to broken trust, and the impact that shame and contempt have on relationships, especially relationships within a faith community. It also includes a congregational development readiness survey that I devised. This survey evaluates topics such as: church finance, worship attendance, fellowship practices, leadership training, children and youth participation, social outreach, and staffing. These tools help reveal a trajectory of decisions and actions that eventually lead to breakdown within the community. This evaluation process begins to paint a picture that shows who in that community was affected and the spiritual and emotional consequences that have occurred. Once this history has been revealed, a pathway toward reconciliation can be
plotted. Nevertheless, any reconciliation depends on the willingness of those involved to own their part in what occurred, and to be willing to repent and be reconciled to one another and to God. Churches that experience the consequences of dysfunctional behavior lose sight of the *missio Dei*. With this loss of focus, resources that could be used for the spreading of the gospel, for caring for the poor, and for other helpful opportunities are diverted or wasted.

A section of this project shares a list of traits from an Alban Institute study of congregations that have been through congregational dysfunction, have successfully navigated their issues, and have been able to move to healing. It is my hope that this list of traits can also be used in preventive care for congregations that might be heading toward dysfunction. If leaders, both clergy and lay, can become aware of these possible pitfalls, then the impact of these behaviors can be minimized and the church can put more energy toward the *missio Dei*.

In this project I present three case studies, which represent different types of behavioral dysfunction. It is my hope that these can be helpful examples to those who are in leadership. As leaders become aware of the spiritual, relational, and emotional traps that can affect any faith community, perhaps they can avoid these dangers.