

A holistic approach to wellness

Pastors work in a complex relationship network. New research shows that efforts to improve clergy health must go beyond eating well and exercise to account for the influence of congregations and denominational polity.

by Rae Jean Proeschold-Bell, Ph.D. August 4, 2009

Pastors work within a complex web of relationships – peer, family, congregation, and denomination among them – with sometimes-conflicting demands that have repercussions for pastors’ vocation and health. In that web, new research shows, the influence of congregations and the denominational polity is so strong that pastors’ efforts to be healthy are likely to be enhanced – or thwarted – by the institutions in which they serve.

This analysis of conversations with 88 United Methodist pastors and district superintendents, published in April in the *Journal of Religion and Health*, is the first to examine how to tailor health interventions to clergy. The findings make clear that programs to improve clergy health will succeed only if they address the multiple conditions that contribute to health, especially conditions created by congregations and denominational polities.

Concern for the health and wellness of Christian pastors, especially in mainline denominations, has been rising for a number of years. The problem has not been obvious to lay members in the pews, but it has not escaped notice of denominational leaders and researchers. Several church bodies began pastoral wellness programs in the 1980s and 1990s, but later studies showed these programs had not solved the problem.

A 2001 Pulpit & Pew research project revealed strikingly high rates of obesity in a nationwide survey of parish pastors. Dr. Gwen Halaas’s 2002 study of ministerial wellness in the Evangelical Lutheran Church in America described significant levels of stress, depression, and lifestyle-related physical ailments in ELCA pastors who, in her words, faced greater demands and had less support than their predecessors. The Church Benefits Association’s 2006 study of clergy in 10 Protestant

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denominations showed that clergy report more job demands, criticism, and stress from criticism than do laity. All of these factors contribute to rising health care costs, challenges

retaining clergy, and decreased passion and effectiveness among the clergy who remain.

Duke Divinity School’s Clergy Health Initiative, funded by the Rural Church program area of The Duke Endowment, conducted a series of focus groups across North Carolina, with eight focus groups involving congregational pastors and three involving district superintendents. In all, 88 pastors and leaders participated and revealed several dozen factors that influence clergy health, which are listed here. This list offers a new and hopeful picture that lasting wellness can be achieved among clergy in the United States.

‘An impossible task’

Pastors, who define health comprehensively as a physical, mental, and spiritual phenomenon, were highly attuned to the responsibility they have for their own health, and were quick to note in the focus groups their own shortcomings in such behaviors as regular exercise and healthful eating. However, they also indicated that congregant expectations that pastors be available 24/7 contribute to the challenge of being healthy.



“I think some of it’s the moral imperative between the secular world and the church world,” one pastor reported. “In the church, if I block off my schedule that I’m going to exercise or I’m going to do this or this for me, even down to diet, when you’re eating in people’s homes and that sort of thing...when you block this off, it’s almost like you’re being selfish and that’s bad.”

Pastors also said that many of their congregants do not understand the breadth and depth of their vocation. One pastor said congregants “are aware we work one hour on Sunday, and they don’t realize [we work] the whole rest of the week. There’s no such thing as a 40-hour week.” Another pastor pointed out that “every person sitting in the pew has a separate job description for our job, and when you put it all together, it’s an impossible task.”

Pastors reported that some churches create stress for the pastor due to congregational conflict and unhealthy church dynamics. Pastors said situations in which one or more congregants use intimidation or abusive tactics to oppose the pastor are particularly harmful.

In contrast, participants also noted that support from churches can benefit their health: “It does depend upon whether the parish you’re serving is healthy or not,” one pastor said. “There are those that have healthy practices that have a tradition of being supportive of the pastor.”

Supervisors set the tone

Pastors also talked about the United Methodist Church’s leadership structure, in which bishops oversee district superintendents who, in turn, supervise pastors. Those district superintendents, pastors said, could support their health by asking about their self-care and encouraging the practice of setting aside personal time. By their own description, though, district superintendents don’t universally practice that level of supervision.

“We’re not diligent about the person who’s not taking care of themselves,” one district superintendent noted. “I mean, we ask the question, ‘What are you doing to take care of yourself?’ And we may say, ‘Well, you need to do more. You need to do a better job in taking care of yourself.’ But I don’t know that we really hold people accountable, that we follow through, that we somehow relay to them that we truly value and think it’s important for them to be healthy and whole.”

Said another: “I was having a conversation with a pastor, and he had not had any vacation in an extended amount of time. Before we left, I felt led to say to him, ‘I’m going to call you on June 1, and I’m going to ask you when you have scheduled your vacation. And when I call you on June 1, I expect you to say I have hotel arrangements in such-and-such a town for so many days.’ And he was shocked to hear me say it, but he was pleased.”

Pastors also noted that district superintendents can be helpful to pastors who are facing challenging church dynamics. “Before I went to my previous pastoral

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appointment, because of some of the dynamics that I knew I was going to face, it was recommended to me by a district superintendent that I might want to go

into some preventative counseling just so as things arose I knew how to handle them,” a pastor said. “I’d have someone to talk through things. And I found that to be helpful.”

Pastors reported looking to district superintendents, as conveyors of the United Methodist institution, for cues about how many hours they should work.

“There has to be a change in the culture – and I don’t know how to do that – but the culture of, ‘It’s OK to give and give and give,’” a pastor said. “In fact, you’re rewarded for being a workaholic, and there are incentives within the system not to set boundaries and not to take time off to go to the gym or other things.”

The stress of transitions

A distinctive aspect of the United Methodist Church is its itinerant system, in which bishops and district superintendents assign pastors to churches and change those assignments periodically. In North Carolina, for instance, each year about 25 percent of United Methodist pastors change assignments.

Pastors acknowledged that their calling positions them as servants in the United Methodist Church, and they accept itinerancy as their choice. At the same time, though, pastors said the transition between church

appointments affects their health in several ways, including disrupting regular sources of medical care, exercise routines, and gym memberships.

They are also forced to re-establish their authority as pastor and work through the toll the changes take on their families. Pastors reported that leaving behind a church and the corresponding friendships is “kind of like grief.” One district superintendent suggested that the lack of a formal grieving process, including the expectation that pastors leave one church and join another within a week, is unhealthy for pastors.

“Explore the moving process,” one district superintendent said. “Everything we know about grief, stress, loss, we throw out the window – no time to disengage, no time to engage. We expect everybody to have cried their tears by 12 p.m. and be ready for Sunday service. That alone would open up ways to cultivate better health practices.”

Itinerancy exacerbates the financial strains many pastors face. At the lower end of the salary scale – around \$34,000 – resources such as healthy food and exercise facilities may be unaffordable, especially for pastors raising families. They also may be out of reach during a time of transition, when expenses are high and often another family member has to find a new job.

“I had a membership to the Y and then my financial situation became really strained, and I had to cut out some things and that was the thing to go,” one pastor said.

Said another: “Often [those] who need the rest the most can’t afford – not jobwise but just financially – to go to the retreat center, which can be a very healing, restoring thing.”

A holistic model of clergy health

Taken together, these findings suggest that health programs tailored to clergy should go beyond encouraging pastors to exercise and eat well. Congregations might support their pastors’ health, for example, by protecting a certain amount of personal time for pastors. Programs can also be developed to improve the functioning of congregations and create procedures to handle conflict so that pastors and congregants alike experience less stress. Health programming for clergy should integrate physical, mental, and spiritual health components.

In the United Methodist Church system, district superintendents can support pastors’ health directly by encouraging pastors to take vacations and protect personal time, and indirectly by helping congregations understand pastors’ roles and needs. The amount of time between changing church appointments could also be lengthened.

The picture of clergy health that emerges from this study counters a popular belief that because clergy are disciplined in their spiritual practices they must also be disciplined in their personal practices. To the contrary, people working closely with clergy have been concerned about clergy physical and mental health practices. This research helps elucidate the pressures and beliefs of clergy, thereby paving the way for pastors, congregations, and institutions to work together to create a healthy future for clergy. ■

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Questions to consider

- How does your theology inform your health practices? What does it mean to you to embody Christ?
- Have particular aspects of your denomination’s polity affected your health? Have institutional factors contributed to your well-being, or undermined it? Who has been particularly supportive of you during your ministry?
- How might we engage congregations around health issues, from the foods we serve at church functions to the ways we advocate for health in our communities?
- How could the topic of “clergy health” be broadened into a conversation about laity and clergy roles in the shared ministry of the congregation?

Approaching clergy health holistically

How to read this chart

Programs to improve clergy health will succeed only if they address the multiple conditions that contribute to health, especially conditions created by congregations and denominational polities, new research from the Clergy Health Initiative shows.

This chart shows the conditions that are amenable to change and those that are not. These conditions affect one another in complicated ways. Effective interventions will account for these relationships and simultaneously target more than one condition.

Static

Conditions less amenable to change

- Marital/family status
- Gender
- Age
- Education
- Ethnicity

Dynamic

Conditions amenable to change

- Unrealistically high expectations for self
- Handling financial strain
- Extent of physical health knowledge
- Ability to set boundaries to protect personal time
- Skills to manage conflict



Intrapersonal

Interpersonal

Congregational

Institutional

Community



- Family needs

- Complexity of pastor's work
- Lack of privacy

- Church size
- Ordination status

- Rural/urban setting
- Norms about food and exercise
- Resources available (health, public, social)
- Economic conditions

- Support from family, friends, congregants, other pastors, and denominational officials
- Living up to priestly role

- Congregational norms about food
- Congregation's understanding of pastor's roles
- Congregation's and lay leaders' expectations of pastor's constant availability
- Organizational health of the congregation

- Easing transitions between appointments
- Expectations from denomination and peers
- Perception that mental health care is stigmatized by denominational officials
- Multiple-point charges (one pastor serving two or more congregations)
- Compensation structure

Graphic by Jessamyn Rubio

Adapted from Proeschold-Bell et. al., "A Theoretical Model of the Holistic Health of United Methodist Clergy," *Journal of Religion and Health*, published online April 10, 2009.