

The Glory of God is a Human Being Fully Alive

Predictors of Positive versus Negative Mental Health Among Clergy

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Abstract

Full understanding of any individual requires understanding both their positive and negative affect as they relate to their work. We consider this balance among United Methodist clergy, who feel called to their vocation and perform multiple roles with diverse stressors. Data for this study come from the 2012 wave of the Duke Clergy Health Initiative Longitudinal survey, and include 1,476 church-appointed clergy. Stepwise multiple regression analysis was used to assess the variance in seven positive and negative affective outcomes explained by four sets of variables: social desirability, demographics, variables shown to relate to affect across populations, and clergy-specific variables. Social support, social isolation, and financial stress together explained between 8% and 34% of the variance in both positive and negative affect outcomes. The clergy-specific variables explained an additional 11%-16% of variance. Congregation demands and thoughts of leaving ministry were significantly related to both positive and negative affect. Spiritual well-being, positive congregations, congregation support of clergy, and confidence in supervisor consideration of future church appointments were significantly related to positive affect outcomes. These findings may be used to ameliorate negative affect and promote positive affect among clergy, and can be used as a guide to study affect in other caregiving populations.

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This is the pre-peer-reviewed version of the following article: The glory of God is a human being fully alive: Predictors of positive versus negative mental health among clergy, Proeschold-Bell, R.J., Smith, B., Eisenberg, A., LeGrand, S., Adams, C., & Wilk, A., *Journal for the Scientific Study of Religion*, Copyright by the Journal for the Scientific Study of Religion, Wiley-Blackwell, which is published in final form at <http://onlinelibrary.wiley.com/doi/10.1111/jssr.12234/abstract>.

Introduction

Mental health encompasses both negative and positive mental health. At one time, researchers focused on negative mental health, which includes clinical diagnoses and sub-clinical levels of negative affect such as depressive symptoms. However, more recently researchers have turned their attention to positive aspects of mental health, which include positive affects such as joy, love, interest, and contentment, and more broadly quality of life including work life and marital satisfaction (Keyes and Hadit 2003; Seligman et al. 2005). There is greater understanding now that positive and negative mental health do not occur on a single continuum (Westerhof and Keyes 2009; Payton 2009). Instead, people and their lives are multi-faceted: it is possible, for example, to find meaning in one's work while concurrently experiencing depressive symptoms. It is also possible to be absent any negative affect but still not experience positive affect (Diener et al. 1985). Thus, a full understanding of any individual requires understanding both the positive and negative aspects of their work-related mental health.

It is helpful to consider this balance of positive and negative affect in the whole person within a specific context. Narrowing the breadth of experience to a particular context allows for more targeted recommendations to bolster positive affect and minimize negative affect within that context. In this study of positive and negative affect, we focus on the context of United Methodist clergy, who are particularly interesting to consider given their deep religious faith paired with the hierarchical and connectional denomination system in which they work.

Clergy Occupation

Like all employees, clergy experience rewards and stressors within their work. Clergy are unusual in that they feel called by God to their vocation (Campbell 1994; Niebuhr 1957). This call involves a discernment process that may take years to unfold and generally consists of the confluence of three things. The first is the desire to serve God through ministry. This desire could alight through a specific incident, or it could evolve over a number of years. Second, the church must affirm the individual's personal desire to serve in ministry; this could occur through a clergy person or member of the congregation identifying an individual as a potential leader. Third, individuals who experience these first two aspects of call must also believe that they can develop the skills needed to become an effective clergy person. By the time someone is credentialed as a clergy person (i.e., ordained), they have usually experienced all three aspects of being called (Willimon 2002).

This call permeates the work of an already religious person with personal spirituality. In essence, the work of clergy is sacred, and clergy have deep convictions about their own work. The implications of sacred beliefs have been explicated in sanctification theory. Sanctification theory asserts that, when someone gives sacred meaning to something, they will: exert substantial energy and time for it; fiercely protect it; experience strong emotions around it; draw on it as a resource; and experience desolation if it is lost (Pargament and Mahoney 2005). Clergy define their work as sacred (Niebuhr 1957; Carroll 2006), and we therefore expect them to experience stronger pulls to their work than do employees in other professions. Clergy diligently try to discern God's will, and the stakes of

perceived failure are higher for them than for other employees (Meek et al. 2003). The converse may also be true; perceived success may also be more meaningful to clergy. It therefore seems likely that clergy will experience extremes of both positive and negative emotions when engaging in their vocation.

Although best known for their weekly sermons, clergy actually serve a wide variety of roles that can be grouped into six categories (Blizzard 1956; Milstein et al. 2005). The first role is that of Preacher, in which clergy inspire and guide congregants; clergy spend approximately one-third of their time preparing for preaching and worship (Carroll 2006). The second role is that of Ritualist, in which clergy administer sacraments, such as baptism, and facilitate rites of passage, such as weddings. The third role is that of Pastor, in which clergy provide pastoral care through one-on-one interactions with congregants; clergy spend approximately one-fifth of their time in these activities, including counseling and visiting sick congregants (Carroll 2006). The fourth role is that of Teacher, in which clergy informally educate congregants and oversee the congregation's educational programs. Clergy are also Organizers, in that they support activities within their denomination and other denominations, and work with community organizations for social justice. Finally, they serve as Administrators, and oversee church staff, committees, buildings, and budgets. Across these roles, clergy experience high role complexity and role overload, due to the breadth of competencies needed to fulfill these roles and the frequency with which clergy must transition between roles (General Board of Higher Education and Ministry 2010).

There are many tasks that clergy do that are likely to bring them joy, including teaching people about faith, converting others to the faith, administering the sacraments, conducting weddings, participating in community affairs, and growing the church's vision (Carroll 2006). Pastor satisfaction with ministry falls into four categories: work satisfaction (e.g., leading worship), interpersonal relationships (e.g., with staff and congregants), intrapersonal satisfaction (e.g., personal growth), and family satisfaction (e.g., shared vocation with spouse) (Rowatt 2001). It is striking that the rewards of ministry are inherently relational in nature, as is the nature of pastoral ministry itself. Even though it is difficult work, being a pastor has deep rewards. In the words of long-time pastor and author Eugene Peterson, "I've loved being a pastor, almost every minute of it. It's a difficult life because it's a demanding life. But the rewards are enormous – the rewards of being on the front line of seeing the gospel worked out in people's lives. I remain convinced that if you are called to it, being a pastor is the best life there is. But any life can be the best life if you're called to it." (Wood 2002).

Clergy experience a number of stressors, which can also be characterized as interpersonal in nature (Proeschold-Bell et al. 2009). The counseling in which clergy engage often touches on grief, clergy officiate funerals, and clergy are the first support sought by nearly one-quarter of all people in the US seeking help for a serious mental illness (Wang, Berglund and Kessler 2003). In addition, clergy frequently negotiate difficult situations, such as conflict in what role the church should play in the surrounding community and how to spend limited funds in the church budget (Kuhne and Donaldson 1995). These situations do not have right or wrong answers and they expose the pastor to criticism. Furthermore, different congregants within the same congregation may have different opinions on how to proceed, making it impossible for the pastor to please everyone. Pastors must also try to establish a

shared vision for the church, and then lead a typically all-volunteer staff of congregants in trying to enact that vision. In addition, the communities surrounding churches vary, and while some churches are thriving and expanding, others are struggling and shrinking. Inserted into that context is the pastor's highly visible family, for whom congregants often have additional expectations (Lee and Iverson-Gilbert 2003; Morris and Blanton 1998). Lee and Iverson-Gilbert (2003) have proposed four essential ministry stressors, all interpersonal in nature: personal criticism, boundary ambiguity, presumptive expectations, and family criticism.

Clergy Mental Health

This set of stressors appears to be related to high rates of depression, anxiety, and burnout among clergy (Proeschold-Bell et al. 2013a; Knox, Virginia and Lombardo 2002; Knox et al. 2005; Doolittle 2007; Miner 2007), so there is reason to want to ameliorate negative mental health among clergy. The US Department of Labor (2012) estimates that there are 230,800 clergy of all faiths in the US, and indicates that it is a growing profession (US Department of Labor 2013). Thus, understanding clergy mental health is applicable to a large number of people, who, in turn, care for yet a larger number of people.

It is also probable that knowledge gained about the mental health of clergy could apply to the mental health of people in other caregiving professions. One reason for this is that people in other caregiving professions—e.g. social workers, medical providers, and teachers—share occupational stressors common to clergy. A comparison of clergy and social workers found similar specific occupational stressors among the two groups, including: a range of specialized duties requested to be carried out; competing values between administrators and employees; lack of power over whom they serve; low salaries; intensification of work when societal problems increase difficulties for the people they serve; and potential over-involvement with those they serve as a result of a strong drive to be helpful (General Board of Higher Education and Ministry 2009). Another reason is that, like clergy, many caregiving professionals feel called to their work, even if their call derives itself from a desire to help others and a feeling that one's work is "making a difference," rather than a desire to serve God (Stalker et al. 2007). As noted above, attributing a higher meaning to one's work increases the stakes of both failure and success, and may drive workers to behaviors that result in burnout and contribute to depression and anxiety.

Positive psychology cautions against looking only at negative life aspects and encourages the study of positive life aspects as well (Fredrickson 2003; Seligman 2011). These positive aspects include a wide range of components that compose well-being, including positive emotions, engagement, relationships, meaning, and accomplishment (Seligman 2011). These positive aspects are also valued and supported in the context of religious and spiritual development. Thus, fostering positive mental health among clergy is an important goal for clergy and is just as important as ameliorating negative mental health.

Constructs Relevant to Mental Health Across Occupations

There are several well-researched constructs that have been found to relate to the mental health of people generally. One common variable related to positive mental health for most people is social support. Social support has been defined as the emotional, instrumental, and informational support provided by an individual's social network that is intended to help the individual cope with stress (Cohen 2004; House and Kahn 1985). The stress-buffering model is often used to describe the relationship between social support and health outcomes, including mental health outcomes. The model posits that social support acts as a buffer to the deleterious effects of stress on health (Cohen and Wills 1985), with perceived social support more strongly and consistently related to health outcomes than the actual support received (Cohen and Wills 1985; Turner and Brown 2010). The perception that others will provide the type of social support needed in a stressful situation may thwart the negative effects of stress on health by either preventing or attenuating the appraisal of a situation as stressful or by reducing negative emotional, physiological, and behavioral responses to the situation (Cohen and Wills 1985; Cohen et al. 2000). There is a wealth of evidence that suggests that perceived social support buffers the effect of stress on negative affect, including psychological distress, depression, and anxiety (Cohen and Wills 1985; Kawachi and Berkman 2001). Perceived social support has also been found to promote positive aspects of mental health. For example, perceived availability of informational social support has been found to be associated with positive morale (Schaefer, Coyne and Lazarus 1981).

Similarly, financial strain relates to negative mental health across populations. Financial strain often represents a source of stress in people's lives. Such strain can be classified as chronic, whereby people have difficulty acquiring the basic necessities of life, or acute, whereby one suffers discrete financial setbacks (Pierce et al. 1994). Both types of financial strain are positively related anxiety and depression (Price, Choi and Vinokur 2002).

Like financial strain, social isolation may be a stressor (Cohen 2004). Social isolation, or perceived loneliness (Cacioppo and Hawkley 2003), is related to anxiety, negative mood, perceived stress, and lower levels of happiness and life satisfaction (Brissette, Cohen and Seeman 2000; Cohen 2004; Cacioppo et al. 2000; Cacioppo et al. 2002). In contrast, frequent social network contact is related to fewer depressive symptoms and better mental health (Kilpatrick and Trew 1985).

Clergy-Specific Constructs

With our focus on clergy, it is helpful to consider also constructs that may more specifically relate to positive and negative affect among clergy. While numerous constructs, such as spirituality, may be relevant to people generally, some constructs may have a heightened significance for clergy. In this next section, we review the constructs of spiritual well-being, several constructs pertaining to congregations and congregants, life unpredictability, thoughts of leaving ministry, Sabbath-keeping, and vacation-taking.

Although it lacks a rigorous definition, spiritual well-being has been described as "a relationship with God that includes a vibrant sense of life purpose and meaning" (Ellison 1983). Previous studies have shown that spiritual well-being is negatively related to depression, anxiety, and stress (Bekelman et al. 2007; McCoubrie and Davies 2006; Tuck, Alleyne and Thinganjana 2006). Studies have also

demonstrated that spiritual well-being is positively related to quality of life (Gioiella, Berkman and Robinson 1998).

In addition to spiritual well-being, a number of work-related constructs are likely to relate to positive and negative mental health for clergy. Pastors conduct their work with individual congregants and with their congregations as a whole, and those congregations are composed of numerous individuals interacting with each other, with the pastor, and with the larger community. In other words, pastors are embedded in an ecological system of relationships, and they have a unique role within that system at every level. One might imagine several aspects of church dynamics that could affect a pastor's mental health, including how well the church functions as an organization and how good the fit is between a particular pastor and a particular congregation. These dynamics have not been studied in-depth in relation to clergy mental health, although we would hypothesize that better church functioning and better pastor-congregation fit would relate to better pastor mental health and higher job satisfaction.

The small literature on pastor-congregation fit indicates that it is possible for a "mismatch" between clergy and congregation ideology to occur, even though the appointment process is designed to avoid this (Mueller and McDuff 2004). An example of mismatch is when clergy with conservative or liberal theological positions are matched to congregations holding different theological positions, and some literature suggests that such differences in beliefs have, in recent years, led to an increase in "incivility, fighting, and abuse in congregations" (Rediger 1997). Such a "mismatch" has the ability to reduce job satisfaction among clergy (Mueller and McDuff 2004).

A few studies have surfaced regarding unhealthy church dynamics in relation to clergy. A qualitative study of clergy found three ways in which congregations can negatively impact clergy mental health: 1) congregant opposition to even small changes suggested by clergy; 2) having two sets of members within a congregation who polarize issues along group lines; and 3) congregants using intimidation or abusive tactics to oppose clergy (Proeschold-Bell et al. 2009). In addition, books such as Clergy Killers and The Toxic Congregation have been published sharing anecdotes of congregations harming their clergy as a result of their own dysfunction (Rediger 1997 and 2007).

Data are lacking on how common abusive experiences are for clergy. Even so, as noted earlier, the job demands on clergy are very high (Meek et al. 2003), in part because of the many roles they serve, as delineated previously. Congregations differ in their expectations of clergy, how many requests they make, and how they make those requests. In the dynamic interplay between congregations and clergy, clergy likely assess whether the congregation expects too much and whether congregants are polite or demanding in their requests. Stress may occur when clergy perceive that the requests made by congregants outstrip their ability to perform them. Having an extremely demanding congregation can lead to diminished well-being, decreased life satisfaction, and higher rates of burnout among clergy (Lee and Iverson-Gilbert 2003). High demands from the congregation, and stress as a result of criticism from congregants, have also been related to ministry dissatisfaction, decreased positive feelings and energy, and worse emotional health (Carroll 2006; Proeschold-Bell et al. 2013a).

Clergy are likely not only sensitive to demands from the congregation for pastoral work, but also to support from the congregation for the pastor as an individual. Congregational support has

been operationalized in studies as congregants offering support to pastors when the pastor is sick or distressed and as congregants communicating to their pastor how much they are cared about as an individual. Pastor satisfaction with congregational support is a strong predictor of positive ministry attitudes among pastors (Lee and Iverson-Gilbert 2003). In addition, feeling loved and cared for by congregants is related to better emotional health, more positive feelings, and increased energy among clergy (Carroll 2006).

Pastoral work is highly unpredictable because clergy are called on during times of crisis and death, and because the many congregants involved in the work of the church may surface internal conflict or sudden energy behind new ideas (Bledsoe et al. 2013). In addition, frequent geographic relocations are common for clergy. The absence of life predictability—life chaos and instability—is strongly associated with negative mental health (Wong et al. 2007). Specifically among clergy, life unpredictability has been associated with higher rates of depression and anxiety (Proeschold-Bell, et al. 2013a). In contrast, stability and organization in one's life, as well as an ability to anticipate and plan for the future, relates to positive mental health (Wong et al. 2007).

The combined result of the interplay between churches and their pastors likely influences the pastors' assessments of whether they should stay in ministry. "Vocational abandonment" is the term used to describe clergy leaving the ministry. A 1991 survey by the Fuller Institute of Church Growth of 1,000 pastors reported that 50% had considered leaving ministry in the three months prior to completing the survey (Alban Institute 2001). Two key predictors of intending to leave ministry include if a pastor's current sense of call being low and if a pastor doesn't feel that they are making a difference in people's lives (McDuff and Mueller 2000). Other major causes of abandonment that have been cited by clergy are marriage difficulties, social isolation, stress, burnout, lack of encouragement, and conflict in relationships with church leaders (Randall 2004). Thoughts of leaving ministry, even while remaining in ministry, are related to ministry dissatisfaction (Carroll 2006).

Of the many spiritual practices that people can engage in, keeping a Sabbath day seems likely to promote positive affect. The fourth Commandment in the Bible is, "Remember the Sabbath day, to keep it holy." Sabbath is intended to be a day of rest and of connection with God. In his book, Sleeth (2012) discusses the theological basis of keeping Sabbath, the logistics of how to keep it, and its possible benefits (Sleeth 2012). Maintaining a holy day once a week is different from taking vacation, which happens less regularly and lacks the religious and spiritual significance. Nevertheless, vacation-taking has been related to lower risk of coronary disease and death (Eaker, Pinsky, and Castelli 1992; Gump and Matthews 2000) and less depression (Joudrey and Wallace 2009). Vacation has also been found to relate to decreased burnout and increased well-being, although both benefits have been found to fade quickly after returning to work (De Bloom et al. 2009; Westman and Eden 1997). We therefore were interested in understanding the relations of both Sabbath-keeping and vacation-taking with positive and negative affect.

The purpose of this study is to examine the full range of factors that may affect clergy mental health. Such an examination may lead to a comprehensive understanding of factors related to negative versus positive affect among clergy, and thereby allow those interested in impacting clergy mental health to intervene with specificity to decrease negative affect or improve positive affect, or both. In

addition to the intervention implications for clergy, information about the relationships between constructs and negative and positive mental health among clergy may inform researchers more broadly about mental health among employees in helping professions.

Methods

The data for this study come from the 2012 wave of the Duke Clergy Health Initiative Longitudinal Survey, which began in 2008. Using the United Methodist Church (UMC) conference directories, we obtained names of UMC clergy in the NC and Western NC Annual Conferences in 2008 and offered study participation to all of their currently serving UMC clergy (eligible $n=1,820$). The survey included the district superintendents, deacons, and all full- and part-time church-appointed pastors and extension ministers. A second wave of the survey was administered in 2010 and offered to all clergy who were eligible in 2008, plus new clergy (eligible $n=2,008$). A third wave of data was collected in 2012 to all clergy who were eligible in either 2008 or 2010, plus new clergy (eligible $n=2,186$). We use the 2012 data for this study because they are most recent.

We contracted with the research organization Westat to collect data between August and October 2012. Westat sent eligible clergy advance letters asking them to log into a secure website to participate in a 60-minute online survey. The advance letter offered a phone number to request a paper survey, if preferred. Eligible clergy who had not yet participated one month after the first invitation were offered the option of doing a telephone interview. A prepaid incentive of \$25 was sent in the advance letter to all eligible clergy. The overall study response rate for 2012 was 81.3%. Less than 2% completed a paper survey, and also less than 2% completed the survey by telephone. The survey included an item on church-appointed versus extension ministry status. For the current study, we were interested in currently serving, church-appointed clergy only, and excluded extension ministers who were appointed beyond the local church, such as to hospitals, college campuses, or administrative positions in the United Methodist Conference. The 2012 response rates for church-appointed clergy was 85.0% ($n=1,476$). All procedures were approved by the Duke University and Westat Institutional Review Boards.

Measures

Predictive Measures

Because clergy may be particularly aware of how others expect them to answer, we measured social desirability using Form A of the Marlowe-Crowne Social Desirability Scale (Crowne and Marlowe 1960; Reynolds 1982). This scale attempts to measure socially desirable responses due to either impression management or self-deception, which is an honest answer but one in which the respondent has an inflated opinion of themselves. The scale's items are examples of behaviors that are socially desirable but highly uncommon, as well as behaviors that are socially undesirable but highly common.

We assessed several demographic variables. Age was continuous and ranged from 24 to 78 years (mean=51.4, $SD=10.38$). We dichotomized education between participants reporting achieving a

master's degree or higher (89%) versus those with less than a master's degree (11%). Income was continuous and ranged from \$0 to \$320,000. Marital status was dichotomized between currently married (89%) and currently unmarried (11%). We included gender; the sample was 28% female.

We assessed three constructs that highly predict affect across populations. Social support was measured using a single item from the Brief Risk Factor Surveillance System, which is an annual telephone survey sponsored by the Centers for Disease Control and Prevention and conducted by each state in the US. The item is, "How often do you get the social and emotional support you need?", with response options ranging from "always" to "never." Social isolation was measured using the single item, "How socially isolated do you feel?", with response options ranging from "not at all socially isolated" to "extremely socially isolated." Financial stress was measured using the single item, "How stressful is your current financial situation for you?", with response options ranging from "not at all stressful" to "extremely stressful."

We assessed 11 constructs that we considered to be particularly relevant to clergy, and which we hypothesized would predict affect among clergy. We used the Clergy Spiritual Well-being Scale to assess two kinds of spiritual well-being: experiencing the presence of God in daily life, and experiencing the presence of God in ministry (Proeschold-Bell et al. 2013b). We measured three church constructs. Positive congregations was measured using six items from the Faith Communities Today Study and asked participants to indicate how much they agreed or disagreed with statements such as, "Our congregation is like a close-knit family," and "Our congregation is a force for positive change in our community" (Faith Communities Today 2008). We measured congregational support using four items from the Religious Support measure (Krause 1999). These items assess emotional support ("How often do the people in your congregation make you feel loved and cared for?") and anticipated support ("If you were ill, how much would the people in your congregation be willing to help out?") from congregations. Congregation demands was measured using the five-item Clergy Occupational Distress Index (Frenk et al. 2011) which assesses clergy exposure to occupational distress through items such as, "During the past year, how often have the people in your congregation made too many demands on you?" or "...been critical of you and the things you have done?"

We measured thoughts of leaving ministerial work (vocation abandonment) using three items from the Pulpit and Pew project that assessed thoughts of leaving pastoral ministry to enter a new ministry, changing to a secular occupation, and doubting one's call to ministry (Carroll 2006). We measured how much attention participants expected their supervisors to give to five issues when appointing them to their next church or churches. These issues were their "particular gifts and calling for ministry," their "previous experience," their "match with the congregation," and their spouses' and children's needs (Appointment Consideration). We also measured how much the participant was "personally pleased or displeased" to change appointments, when thinking back to their last appointment (Pleased with Last Appointment Change). Life unpredictability was measured using the six-item Life Chaos Scale, which reflects instability, organization, and the ability to anticipate and plan for the future, and includes items such as, "My daily activities from week to week are unpredictable" ($\alpha=.72$) (Wong et al. 2007).

Finally, we assessed how often participants “kept an intentional Sabbath” in the past year (Keep Sabbath). We were interested in how this spiritual practice may differ in affective relationships compared to the non-spiritual practice of taking vacation, measured in number of vacation days (“How many vacation days have you taken in the last 12 months? Do not include holidays like July 4th or Memorial Day, and do not include regular intentional Sabbath or weekend days.”).

Outcome Measures

We selected measures that assessed aspects of negative or positive affect. For negative affect, depression was measured using the Patient Health Questionnaire (PHQ-9), which consists of nine items on the frequency of depression symptoms during the past two weeks (Kroenke et al. 2001; Spitzer et al. 1999). Example items include: “Over the last two weeks, how often have you been bothered by”... having “little interest or pleasure in doing things” and “feeling tired or having little energy.” Depression severity scores range from 0 to 27. Anxiety was measured using the anxiety portion of the Hospital Anxiety and Depression Scale-Anxiety (HADS-A) (Zigmond and Snaith 1983). Example items include, “Over the past two weeks, how often have you been bothered by any of the following problems?” “I feel tense or ‘wound up’” and “I feel restless as if I have to be on the move”. The HADS-A has seven items, each of which was measured using a four-point ranking for a total scale range of 0-21. Studies of burnout suggest that it has three components: emotional exhaustion, depersonalization, and (lack of) personal accomplishment (Evans and Fischer 1993; Koeske and Koeske 1989; Maslach, Schaufeli, and Leiter 2001). We used the Maslach Burnout Inventory, which measures each component (Maslach and Jackson 1981), and considered emotional exhaustion and depersonalization as negative affect outcomes and personal accomplishment as a positive affect outcome.

Our other positive affect outcomes were ministerial satisfaction and quality of life. Ministerial satisfaction was the sum of 12 items previously used by Carroll (2006). The items ask questions such as, “At present, what is your level of satisfaction with your...” “overall effectiveness as a pastoral leader in this particular congregation,” “current ministry position,” “relations with fellow clergy,” and “salary and benefits?” Quality of life was measured using the sum of the 15 items from the Quality of Life Inventory which ask about one’s degree of satisfaction with a wide variety of life aspects, including health, self-esteem, values, recreation, learning, relationships, and community (Frisch 1992).

Statistical Analyses

Only church-serving pastors who were appointed full-time or three-quarters-time were considered for analysis (n=1,079). Stepwise multiple regression analysis was employed to predict each of the outcomes of interest from four steps. Step 1 was composed only of the social desirability score; we wanted to be sure that all relationships first accounted for any impression management. Due to its high percentage of variance explained, in sensitivity analyses, we additionally tested it as the last step. Step 2 included demographic variables, which we likewise wanted to account for early in the model. Step 3 included three variables: social support, social isolation, and financial stress. We chose to include these variables next because their relationships with positive and negative affect are well-

established (as described above). Finally, Step 4 included variables that we considered most relevant to clergy, such as spiritual vitality and congregation characteristics. For each step, the variance explained for that step alone, as well as the total variance explained for that step plus each prior step, is recorded using the coefficient of determination (R^2). Additionally, standardized regression beta coefficients were recorded controlling for all other variables; p -values less than 0.05 were considered significant. Pearson correlation coefficients were calculated for all seven outcomes with each other as well as the variables included in Steps 3 and 4. All analyses were performed using SAS v9.3 (SAS Institute, Inc. 2011).

Results

The sample was predominantly White (91%), male (72%), and had served in ministry for an average of 18 years ($SD=11.0$). Those with full-time appointments reported working an average of 51 ($SD=9.9$) hours per week related to ministry.

The correlations between the study's primary variables are displayed in Table 1. All predictor variables demonstrated correlations with the outcome variables of 0.20 or higher, with the exception of lower correlations for keeping Sabbath, number of vacation days, and degree of being pleased with one's last appointment change. The highest correlations were between social isolation and both negative affect (depression, $r=0.53$, $p<0.05$) and positive affect (quality of life, $r=-0.57$, $p<0.05$), and congregation demands and negative affect (emotional exhaustion, $r=0.60$, $p<0.05$) and positive affect (quality of life, $r=-0.50$, $p<0.05$). Number of vacation days exhibited the lowest correlations, and while correlations between outcomes and keeping Sabbath were relatively low, keeping Sabbath still correlated -0.20 ($p<0.05$) with depression and 0.24 ($p<0.05$) with quality of life. (See Table 1).

The stepwise multiple regression results are displayed in Table 2. On Step 1, social desirability explained a high percentage of variance, ranging from 9.9% to 22.8%, and was significant across both positive and negative affect outcomes. Because these percentages were so high, we also tested social desirability as the final rather than the first step. As a final step, social desirability only explained between 0.1% (i.e., for depression) and 4.4% (i.e., for depersonalization) of the variance. However, in the final model we retained social desirability on the first step, to ensure that any unique variance explained by the clergy-specific variables accounted for social desirability.

For Step 2, the demographic variables did not explain much variance. Of note, income related significantly to both positive and negative affect outcomes. Step 3 consisted of three, single-item variables known to relate strongly to a variety of affective variables. In the current study, these three items assessing social support, social isolation, and financial stress explained between 8.1% and 33.5% of the variance and related significantly to both positive and negative affect outcomes. (See Table 2).

Step 4 introduced a number of clergy-specific variables in an effort to explain unique variance above and beyond social desirability, demographic variables, and the known relationships of social support, social isolation, and financial stress. Overall, the clergy-specific variables explained between 11.2% and 15.5% unique variance. The most universally predictive variables in Step 4 were congregation demands and vocation abandonment. Each of these variables significantly predicted six

out of seven outcomes, and related strongly to both positive and negative affect. Life unpredictability significantly predicted three negative affect outcomes but only one positive affect outcome. Six constructs were generally more predictive of positive affect outcomes than negative affect outcomes: the two spiritual well-being constructs (presence of God in daily life and presence of God in ministry), positive congregations (congregations that are close-knit and a positive force in the community), congregations perceived by clergy to be supportive now and if needed in the future, the perception that their supervisors will closely consider one's specific needs and gifts for their next appointment, and being pleased to have changed appointments during their last re-assignment. Keeping Sabbath and number of vacation days only significantly related to one negative affect outcome each.

Discussion

This study is the first to consider the unique predictors of positive versus negative mental health among clergy. Persons wishing to promote positive affect while simultaneously decreasing negative affect among clergy would do well to intervene in three areas that would likely serve any population well: increasing social support, decreasing social isolation, and decreasing financial stress.

Prior studies of clergy have demonstrated relationships between social support and mental health. Social support provided by families, other clergy, and friends have all been found to relate to better clergy mental health and well-being (Meek et al. 2003; Morris and Blanton 1994; Rowatt 2001). However, none of these studies intentionally examined associations between social support and both positive and negative mental health outcomes. In this study, perceived social support was associated with lower negative affect scores in all four constructs measured, and higher positive affect scores in all three constructs measured, suggesting that interventions designed to bolster social support may benefit both positive and negative mental health.

Social isolation has previously been demonstrated to predict depression, although not anxiety, in clergy (Proeschold-Bell et al. 2013a). In the current study, 10% of participants reported feeling "very" or "extremely socially isolated," with an additional 20% reporting feeling "moderately socially isolated." A 1986 study of 2,000 United Methodist clergy cited in a literature review found that 17% reported isolation or loneliness (Weaver et al. 2002), which is the same as a nationwide survey of multi-denominational clergy in which 17% of participants reported that they feel isolated and lonely in their work "fairly" to "very" often (Carroll 2006). Thus, although more extreme social isolation impacts perhaps only 10-17% of clergy, it has a strong relationship to both positive and negative affect.

Financial stress evidenced a unique significant relationship, above and beyond income, with five of seven outcomes. Although clergy salaries vary widely, the starting full-time salary in the North Carolina Annual Conference of the United Methodist Church is currently \$41,770, and the median full-time income in this study was \$48,000. With this salary, many clergy are responsible for the expenses of raising a family and paying off educational debt from seminary school. In addition, the frequent relocations that are required of United Methodist clergy may limit the incomes of clergy spouses, who may not be promoted due to short tenures. Lengthening church appointments may help alleviate

financial stress, unless the pastor's new appointment comes with a substantial raise. Clergy may also benefit from financial counseling and educational opportunities.

Another area for intervention that may impact both negative and positive affect is the degree of demandingness of the congregation. Clergy who perceived their congregants to be highly critical of the things they have done and to make too many demands reported higher levels of negative affect and lower ministerial satisfaction and quality of life. Congregants may be unaware of the effect they can have on their pastor's mental health. Research on Presbyterian clergy and congregants found that clergy experienced significantly more negative interaction than church members, and that negative interaction is related to significantly more psychological distress among clergy than among church members (Krause Ellison and Wulff 1998). Church committees might consider how to buffer these negative interactions, paired with ways to show appreciation for their clergy.

Thoughts of leaving pastoral ministry for another area of ministry, and thoughts of leaving ministry for a secular occupation, were highly predictive of both negative and positive affect. While these thoughts do not easily lend themselves to intervention, assessing them may help indicate who would benefit from interventions to promote positive affect or decrease negative affect.

Several constructs were more predictive of positive affect than negative affect, and are important to consider when wanting to foster fulfilling lives for clergy, and not just the absence of negative affect. Interestingly, clergy who experienced support from their congregations and anticipated that they would be supported if there were a future need, reported greater ministerial satisfaction and sense of personal accomplishment in ministry, but not less negative affect. Instead, it was the presence of demands from the congregation that related to negative affect. These findings suggest that to bolster positive affect optimally, congregations need to show support of their pastors to their pastors.

Spiritual well-being strongly related to quality of life, and experiencing the presence of God in ministry was related to feelings of personal accomplishment in ministry. Spiritual well-being may well be a circular predictor here, in which feelings of ministerial satisfaction and quality of life lead to more experiences of the presence of God in daily life, and vice versa. The broaden-and-build concept may apply here; it suggests that positive emotions lead to broad-minded coping through more flexible, creative, and receptive attention patterns, and that this coping enhances positive emotions, creating an upward spiral (Fredrickson 2001; Fredrickson and Joiner 2002).

At the United Methodist institutional level, clergy who had greater confidence that their district superintendents and bishops would carefully consider their gifts and family needs when making their next appointment reported greater ministerial satisfaction and higher quality of life. This perception predicted positive affect uniquely beyond actually being pleased with one's last appointment, suggesting that it is important for clergy supervisors not only to make careful appointments, but also to convey the care with which appointments are made. Doing so may bolster positive affect in clergy.

An added benefit of the factors that may increase aspects of positive affect is that they may also increase resilience to the stresses that clergy face. There is evidence that positive emotion and affectivity may not only broaden-and-build the necessary resources for being successful in life, but also increase resilience to stressful events (Tugade and Fredrickson 2004; Ong et al. 2006).

Once other variables were accounted for, Sabbath-keeping and vacation-taking were significantly related to only one negative affect outcome each. Neither was significantly related to any positive affect outcome. Thus, although there was a bivariate relation between Sabbath-taking and the seven outcomes, multivariate analyses suggest that interventionists should prioritize other variables first. This is a disappointing finding given how theologically compelling Sabbath-taking may be to clergy. Further research, including improvement of measures of Sabbath-taking, is warranted.

Reports of greater life unpredictability were related to increased depressive and anxiety symptoms, more emotional exhaustion, and lower quality of life. While some degree of life unpredictability is inevitable for clergy, within our sample, clergy varied in their degree of self-reported life unpredictability. It is possible that some congregations have more unpredictability than others, for example, aging congregations may incur more deaths, which are unpredictable and certainly involve the pastor. Clergy supervisors may do well not to assign pastors to several unpredictable churches in a row. In addition, pastors may benefit from establishing boundaries with congregants. These boundaries might specify days off and times when the pastor can and cannot be reached (Kreiner, Hollensbe, and Sheep 2006).

Social desirability, when entered in the model first, explained a large percentage of variance of positive and negative affect. However, when entered as a last step, it actually explained very little variance. We wanted to account for impression management because societal expectations on clergy are high (Warner and Carter 1984; Blackbird and Wright 1985), and some studies have found that particularly male clergy wish to convey themselves as stable and full of integrity (Francis et al. 2000). Given the low unique variance explained by social desirability, it may not be necessary for future researchers of clergy wellness to measure social desirability.

Strengths of this study include its large sample size, high response rate, and numerous variables measuring positive and negative affect. However, the study is limited in that only United Methodist clergy were surveyed. While we must be cautious in generalizing these findings to all clergy, studies have found clergy to engage in similar activities and experience similar job demands across denominations and countries (Carroll 2006; Dewe 1987; Frame and Shehan 1994; Gleason 1977; Kay 2000; Kuhne and Donaldson 1995; Noller 1984). Nevertheless, United Methodist clergy are one of few denominations in which clergy are appointed to churches by supervisors. The variable appointment consideration in this study is therefore most relevant to United Methodist clergy. In addition, readers are cautioned that the relationships found in this study must be interpreted as correlational only, and not as causal variables.

Overall, we found that well-researched variables such as financial stress, social support, and social isolation related to both positive and negative affect in a clergy population. This may also be true for employees of other caregiving occupations, which often are associated with low salaries and employ people who are internally driven to provide support to others and may neglect accessing adequate support for themselves. The inclusion of several clergy-specific variables in the models resulted in explaining additional variance, which, depending on the outcome, ranged from 11% to 15%. The understanding provided by the clergy-specific variables offers intervention ideas to promote positive affect and decrease negative affect among clergy. Studies using occupation-specific variables

for employees of other caregiving occupations may similarly yield useful intervention insights. Given the high rates of depression and anxiety among clergy, we hope that this study's findings may be used not only to ameliorate negative affect experienced by clergy, but also to promote positive affect and fulfilling lives among clergy. After all, in the words of St. Irenaeus, "The glory of God is a human being fully alive."

Acknowledgements

We wish to thank David Toole for his leadership as Principal Investigator, Crystal MacAllum, Gail Thomas, Ed Mann, and their team at Westat for their outstanding data collection efforts, and Claire Wimbush for pointing us to the quote by St. Irenaeus. This research was funded by a grant from the Rural Church Area of The Duke Endowment.

Statement for Replication and Review

The data used for this study may be obtained from Rae Jean Proeschold-Bell, first author, for purposes of replication. She is best contacted over email at rae.jean@duke.edu. This research was funded by a grant from The Duke Endowment.

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Table 1: Correlations Among the Main Variables

	Depression	Anxiety	Emotional Exhaustion	Depersonalization	Personal Accomplishment	Ministerial Satisfaction	Quality of Life
Depression	--	0.70	0.66	0.50	-0.34	-0.47	-0.65
Anxiety		--	0.64	0.50	-0.31	-0.39	-0.55
Emotional Exhaustion			--	0.66	-0.29	-0.47	-0.59
Depersonalization				--	-0.35	-0.38	-0.47
Personal Accomplishment					--	0.40	0.42
Ministerial Satisfaction						--	0.64
Quality of Life							--
Social Support	-0.46	-0.39	-0.43	-0.33	0.32	0.46	0.55
Social Isolation	0.53	0.44	0.51	0.40	-0.29	-0.47	-0.57
Financial Stress	0.34	0.33	0.31	0.23	-0.20	-0.33	-0.44
Presence of God in Daily Life	-0.38	-0.32	-0.41	-0.37	0.42	0.41	0.49
Presence of God in Ministry	-0.30	-0.25	-0.37	-0.35	0.42	0.35	0.43
Positive Congregations	-0.33	-0.27	-0.34	-0.32	0.34	0.40	0.42
Congregational Support	-0.38	-0.35	-0.42	-0.41	0.34	0.46	0.48
Congregation Demands	0.51	0.52	0.60	0.50	-0.26	-0.45	-0.50
Vocation Abandonment	0.43	0.41	0.53	0.49	-0.31	-0.42	-0.45
Appointment Consideration	-0.28	-0.27	-0.25	-0.23	0.22	0.35	0.34
Pleased with Last Appointment Change	-0.17	-0.08	-0.12	-0.15	0.11	0.27	0.25
Life Unpredictability	0.43	0.40	0.39	0.22	-0.24	-0.29	-0.39
Keep Sabbath	-0.20	-0.17	-0.20	-0.12	0.19	0.15	0.24
Vacation Days	-0.11	-0.09	0.01	0.03	0.06	0.08	0.10

Note: Highlighted cells indicate p-value not significant at 0.05 level.

N ranges from 972 to 1,079.

Table 2: Stepwise Multiple Regression Analyses Predicting Negative Versus Positive Affective Outcomes

		Negative Outcomes				Positive Outcomes			
		Depression	Anxiety	Emotional Exhaustion	Depersonalization	Personal Accomplishment	Ministerial Satisfaction	Quality of Life	Total Sig Relations
Step 1	Social Desirability	-0.315	-0.384	-0.437	-0.478	0.399	0.335	0.373	7
	Step Var Explained	9.9	14.8	19.1	22.8	15.9	11.2	13.9	
Step 2	Age	-0.012	-0.079	-0.149	-0.131	-0.051	-0.009	0.039	3
	Master's Degree or Higher	0.055	0.027	0.076	0.028	0.016	-0.099	-0.057	2
	Income	-0.064	-0.054	0.060	0.060	0.131	0.117	0.074	6
	Currently Married	-0.034	0.009	0.014	0.014	0.024	0.022	0.073	1
	Female	0.047	0.045	0.134	0.039	0.078	0.001	0.000	2
	Step Var Explained	1.9	1.8	5.7	2.6	2.0	1.9	2.2	
	Total Var Explained	11.8	16.6	24.8	25.4	17.9	13.1	16.1	
Step 3	Social Support	-0.189	-0.167	-0.184	-0.127	0.181	0.251	0.269	7
	Social Isolation	0.339	0.226	0.279	0.199	-0.087	-0.231	-0.295	7
	Financial Stress	0.126	0.133	0.087	0.045	0.050	-0.111	-0.195	5
	Step Var Explained	26.2	16.8	23.3	10.9	8.1	21.8	33.5	
	Total Var Explained	36.1	31.6	42.4	33.7	24.0	33.0	47.4	
Step 4	Presence of God in Daily Life	-0.108	-0.074	-0.057	-0.042	0.082	0.120	0.138	3
	Presence of God in Ministry	0.016	0.058	-0.043	-0.049	0.146	0.022	0.082	2
	Keep Sabbath	-0.008	-0.018	-0.054	0.000	0.049	-0.019	0.031	1
	Vacation Days	-0.036	-0.057	0.025	0.018	0.018	0.023	0.037	1
	Positive Congregations	-0.027	0.023	-0.013	-0.023	0.122	0.085	0.048	2
	Appointment Consideration	-0.048	-0.048	-0.001	0.008	0.032	0.112	0.076	2
	Pleased with Last Appointment Change	-0.007	0.045	0.025	-0.023	-0.003	0.089	0.057	2
	Congregational Support	0.007	-0.014	-0.022	-0.106	0.102	0.093	0.062	4
	Congregation Demands	0.159	0.241	0.281	0.227	0.000	-0.119	-0.093	6
	Vocation Abandonment	0.168	0.120	0.191	0.195	-0.062	-0.135	-0.101	6
	Life Unpredictability	0.197	0.171	0.139	-0.013	-0.056	-0.033	-0.089	4
	Step Var Explained	11.2	12.1	15.5	12.4	11.2	14.2	11.4	
Overall	Total Var Explained	47.3	43.7	57.9	46.1	35.2	47.2	58.8	

Note: The numbers across the rows from the variable names are standardized regression beta coefficients controlling for all other predictor variables. Betas highlighted in yellow are significant at $p < .05$.

All variables scored such that higher values reflect more of the construct.

N ranges from 946 to 1079.