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Spirituality as a Mediator in the Relationship Between Self-care Practices and Perceived Stress Levels Among Lutheran Clergy

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Philadelphia College of Osteopathic Medicine

Department of Psychology

SPIRITUALITY AS A MEDIATOR IN THE RELATIONSHIP BETWEEN
SELF-CARE PRACTICES AND PERCEIVED STRESS LEVELS AMONG
LUTHERAN CLERGY

By David W. Brant

Submitted in Partial Fulfillment of the Requirements of the Degree of

Doctor of Psychology

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**PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE
DEPARTMENT OF PSYCHOLOGY**

Dissertation Approval

This is to certify that the thesis presented to us by _____ David W. Brant _____ on the 28th day of April, 2009, in partial fulfillment of the requirements for the degree of Doctor of Psychology, has been examined and is acceptable in both scholarship and literary quality.

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ABSTRACT

There is currently a shortage of ordained ministers to fill the current vacancies in Lutheran churches due, in part, to the multiplicity of pastoral roles, the stressors clergy encounter in their vocation, and poor self-care. This exploratory research found a statistically significant, small, negative relationship when examining the relationship between clergy self-care practices and perceived levels of stress. The research did not support a relationship between clergy self-care practices and perceived levels of stress when mediated by clergy spiritual maturity. Other predictor variables such as first vocation, gender, spousal financial contributions and stress also did not yield statistically significant results in the relationship with stress. The current research used A Shortened Stress Evaluation Tool (ASSET), Spiritual Assessment Inventory (SAI), and a Clergy Self-Care Questionnaire (CSC) to examine the relationship between these factors. When all factors are taken into consideration, self-care appears to be the most important factor in mitigating clergy stress.

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Chapter 1 – Introduction

Currently, there is a shortage of available ordained clergy to serve in ministry in churches (White, 2006) in the Lutheran Church. As stated in a report from the Evangelical Lutheran Church in America (ELCA), if something is not done to rectify the situation, this shortage may worsen. The ELCA indicated that there was a rise in the number of small parishes with limited financial resources; there was difficulty in getting pastors to serve in small congregations for extended time periods, and there was a loss of pastors due to reasons other than retirement (“Ministry Needs,” 2000). In addition, there were losses to the ranks of the clergy due to interpersonal issues such as marital dissatisfaction and confusion regarding their vocations as parish pastors (Palser, 2004).

Parish ministry can be extremely demanding on both clergy and their families. Lee and Iverson-Gilbert (2003) observed that clergy were often the first authorities to whom families turned when in crisis; however, the clergy family did not enjoy the same social and emotional support. Ordained ministers were expected to be available to congregation members most of the time, placing an undue burden on family life which was often interrupted by “...unrealistic and intrusive expectations” (Lee & Iverson-Gilbert, 2003, p. 249). These researchers noted that what was important in the clergy family dynamic was a shared concept in the expectations of a clergy family and the recognition that not all members of a clergy family were called to share in church ministry. Miner (2007) found that relationships and ministry issues were among the most stressful factors that ministers encountered within the first 12 months of parish ministry. Clergy often suffered from what Darling, Hill, and McWey (2004) referred to as “compassion fatigue” (p. 263), suggesting that clergy had nothing left for family

members after providing care and concern for congregation members. Potentially, this possible lack of empathy for the clergy's family led to feelings of disengagement, disempowerment, and bitterness toward parish ministry for family members. Although maintaining boundaries between external work and family life was crucial in most vocations, this skill was critical in the clergy profession. The strain of poor boundaries, lack of emotional attention for family members, and intrusion of congregational needs into family needs were some of the factors that have led clergy to leave the ordained ministry.

In order to meet the needs of congregations and to fill pastoral vacancies, an emerging trend in ministry among mainline protestant denominations (Lutheran, United Church of Christ, Presbyterian, and Episcopalian) in the United States has been the ordination of women. According to the ELCA, the overall number of clergy ordained over the time period of 1980 to 1998 has dropped from a high of 468 in 1987 to a low of 298 in 1994. In 1998, 342 individuals were ordained into the Lutheran clergy, 150 of whom were women. The ratio of female to male clergy has been consistently rising over the 19-year period of the study ("Ministry Needs", 2000). In 2007, the ELCA reported that of the 17,694 rostered clergy, 3,140 were female ("ELCA Quick Facts", 2007). This change in demographics, if viewed alone, might suggest that the needs of congregations were being met and there was no need for alarm; however, the introduction of a large number of female clergy into a once male-dominated vocation presented additional stressors and, ultimately, a greater likelihood that female clergy were going to leave the ordained ministry as well.

In McDuff and Mueller's (2002) research, 62.4% of women had at least one career position outside of ministry compared with 41.2% of men, suggesting that a larger proportion of female clergy had careers prior to that of serving in the ordained ministry. As a result, McDuff and Mueller (2002) posited that female clergy entered into ministry with a strong career orientation based on advancement, pay, and benefits. Interestingly, these researchers found that clergywomen were more likely than their male counterparts to indicate verbally that they valued "...nurture, spiritual fulfillment, intimacy, and community support" (McDuff & Mueller, 2002, p. 481). Finally, these researchers noted that women rather than men would most likely continue to serve smaller rural congregations. This difference between expectation and reality could lend itself to job dissatisfaction and to leaving the ordained ministry to pursue a career path more closely in concert with promotion and extrinsic rewards for labor.

When viewing the issue of gender differences further, Musson's (2001) research on Anglican clergy resulted in a finding that female clergy were less outgoing, more dominant, more expedient, less rule-conforming, and significantly more radical than their male counterparts. Based on this personality profile, one might expect that clergywomen may encounter more conflicts in parish ministry from congregations who resisted change and who relegated women to a more traditional role. Although the Lutheran Church has ordained women for a number of years, Olsen, Crawford, and Guth (2000) suggested that there was a venerable tradition in the religious community regarding the relegation of women to more subservient roles that did not include ordination and leadership. All of these aforementioned stressors, which include few extrinsic rewards, gender discrimination, lack of appropriate boundaries, high expectations, and family stressors

have led to the conclusion that the ordained ministry was a difficult vocation which has influenced both clergymen and clergywomen alike to leave the profession.

In spite of the issues facing clergy, there has been little research conducted regarding this clergy shortage, especially research examining factors such as clergy self-care, levels of spirituality, and stress which could ultimately lead to burnout and to leaving the ordained ministry. Stress levels were likely to be high because of the very nature of the work performed by clergy (Lount & Hargie, 1997). Long hours, multiple roles, boundary ambiguity, and expectations from a variety of sources served to increase the levels of stress experienced by clergy. Some might have asked the question, “Why would a person go into a position in which there are long hours, lack of appreciation for the work that they do, and a variety of stressors with which to cope?” The answer to that question rested in the responses of individual clergy, each having his or her own reasons for entering this demanding vocation. Most clergy indicated that they felt a “calling,” a sense that God wanted them to enter the vocation of ordained ministry (Christopherson, 1994). The clergy shortage was not simply due to ordained ministers leaving the profession but also due to the fact there were fewer people entering this vocation (“Ministry Needs”, 2000). In a culture that elevates the individual, that promotes the image of success as the accumulation of wealth and status, and that fosters the separation of Church and State, the ordained parish ministry is not as appealing as it once was. This notion has been exacerbated further by the negative press that many notable clergy have received because of their “fall from grace” by engaging in unethical acts that violated the sensibilities of society. No matter which way the problem was viewed, either fewer

numbers entering the ministry, clergy leaving the parishes, or a combination of both, the outcome remained the same: there was a shortage of pastors for available churches.

Instead of discovering ways to moderate clergy stress, most research in this field focused on burnout (Miner, 2007; Golden, Piedmont, Ciarrocchi, & Rodgerson, 2004; Evers & Tomic, 2003; Shinhwan, 2006), a condition of exhaustion encompassing multiple aspects of the clergyperson's life, including the physical, the emotional, the spiritual, and the psychological. Although studying burnout was important to gain a better understanding of clergy characteristics and behaviors leading up to this level of exhaustion, it was crucial to uncover clergy stressors and understand the relationship between clergy self-care practices, spirituality, and stress. Evers & Tomic (2003) indicated that these stressors included severe work pressure from pastoral care, long work hours, poorly organized working climate, a variety of tasks, and multiple roles. Shinhwan (2006) expanded this list to include other factors such as poorly defined boundaries, temptations, loneliness, and lack of social support. Golden, et al. (2004) added the dimension of spirituality when exploring burnout. They found a small but statistically significant relationship between spirituality and burnout after controlling for personality and work environment. This relationship suggested that the less strongly the clergy felt an intimate relationship with God, the greater the likelihood that they would experience burnout. This research on burnout was needed in order to predict, potentially, which clergy might be at risk for suffering the injurious effects of stress and thereby be able to institute preventative measures for clergy and congregations.

However, this current research has focused on discovering a mediator of stress, something that would lessen the effects of stress before reaching the level of burnout. In

the secular realm, individuals have engaged in self-care practices to control the effects of stress. Presently, the field of psychology is beginning to recognize the importance of positive psychology's impact on understanding self-care. Howard (2008) indicated that research in areas such as self-efficacy, resilience, and work engagement have begun to lead to a greater understanding of what made workers happy and improved their health and overall betterment. Self-care practices such as exercise and healthy eating habits were recognized as extremely important in the process of coping effectively with stress (Hansen, Stevens, & Coast, 2001; Maltby & Day, 2001; Barrow, English, & Pinkerton, 1987). Although it has become more widely recognized that positive psychology and self-care practices were extremely important for health and well-being, this self-care construct has not been studied in the field of parish ministry.

Reasons concerning the lack of study in clergy self-care have been discussed in the current study. In part, this dearth of research may have been due to clergy presentation as spiritual beings, and because of their high levels of spirituality and close relationships with God, they did not need to engage in the same self-care practices as did the laity. However, Shehan, Wiggins, and Cody-Rydzewski (2007) found that this sense of spirituality levels was a "double-edged sword" because the clergy often expected more of themselves. The current research explored the possible relationship between clergy self-care practices, spirituality, and stress.

Statement of the Problem

Are clergy who have engaged in positive self-care practices, especially spirituality, less likely to suffer from work-related stress than those who did not? In other words, did spirituality act as a mediating variable in the relationship between self-care

practices and negative work-related stress outcomes among ordained Lutheran clergy who were active in parish ministry? The problem was to identify clergy who were at risk for leaving parish ministry because of stress and to identify the stressors that were responsible for creating the conditions under which clergy felt the need to discontinue their clerical services.

There were some clergy who remained in the vocation for many years, yet others remained only briefly (less than five years). Is it possible to identify those individuals who are at-risk of leaving the ordained ministry and are in need of counseling? Do the clergy who have been in the vocation for an extended time period engage in positive self-care practices and have higher levels of spiritual maturity? Clergy are able to see the necessity of caring for others in a variety of domains including spiritual, psychological, and physical; however, they often do not see the need to care for themselves.

At this time, the relationship between clergy self-care practices and stress was undocumented. However, this possible correlation has been studied in other professions such as psychology (Arnett, 2001; Maltby & Day, 2001; Hansen, Stevens, & Coast, 2001). Clergy stress has been studied, but primarily as it related to the potential consequences, such as burnout (Miner, 2007; Evers & Tomic, 2003) and indiscretions (Lief, 2001; Meek, McMinn, Burnett, Mazarella, & Voytenko, 2004; Thoburn & Whitman, 2004) of unmitigated stress. Factors that mitigated clergy stress needed to be identified and implemented to increase longevity and viability of existing parish pastors, thus stemming the shortage of available clergy in the Lutheran denomination.

Purpose of the Study

The purpose of this study was to investigate a possible relationship between clergy self-care practices, their perceptions of stress, and the mediating qualities of spirituality in that relationship. Even though their stress levels might be high, there are many clergy who remain active in the ordained parish ministry. This study also examined the factor of spiritual maturity as a mediating variable in perceived stress levels encountered by clergy. If a relationship could be determined between self-care practices and stress levels, and also take into consideration spiritual maturity, recommendations could be made regarding ways to lower stress levels in clergy, enabling pastors to remain in the ordained ministry.

There was scant research in the area involving outcomes of clergy negative, work-related stress (Palser, 2004) and the psychological dynamics of spiritual resiliency (Weaver, Koenig, & Larson, 1997); the available research focused primarily on clergy burnout as it related to high work demands and lack of adequate support, which affected the functioning of the minister. Meek, et al. (2003) stated, "Despite the prominence of clergy in providing human services, and the work-related stressors they experience, clergy health and coping responses have rarely been the focus of psychological research" (p. 339). Research has focused primarily on the outcome of stress over extended time periods, which results in burnout. However, the validity of the instrument primarily used to measure burnout has been called into question (Demerouti, Bakker, Vardakou, & Kantas, 2003). The researchers suggested that the Maslach Burnout Inventory (MBI) and its subsequent version the Maslach Burnout Inventory – General Survey (MBI-GS) had an important deficiency because all of the items related to cynicism were negatively

phrased but all of the items related to efficacy were positively phrased, thereby decreasing the psychometric properties of these testing instruments. There was a need to understand the underlying dynamics that went beyond the concept of “too much work and not enough time,” thus propelling a clergyperson toward negative stress outcomes. The current research project examined the connection between clergy self-care practices, both physical and psychological, and work-related stress in parish ministry as measured by *A Shortened Stress Evaluation Tool* (ASSET). The design of this research was to identify those individuals who have elevated scale scores on ASSET and who were not engaging in positive self-care practices. The primary hypothesis of this study was that these individuals were more likely to suffer from signs of work-related stress.

Definitions of Terms

For the purposes of the current research and in order to understand the concept of stress, this term has been defined as the attempt of the organism to adapt and cope with stressors (Myers, 2009). Peoples’ adaptations to a stressor can be considered either positive or negative, depending on their viewpoints (Seligman, Steen, Park, & Peterson, 2005). When someone engages in strenuous athletic activities, the body adapts to stressors by increasing certain metabolic systems and decreasing others that are not as needed at the time. This might be viewed as positive stress because people benefit physically and psychologically from physical exercise. Conversely, when people have lost their employment or have suffered some other manner of loss, stress is produced as well. Although there is an acknowledgment that stressors might be viewed both positively and negatively, referred to as eustress and distress respectively, this study examined the factors related to distress.

Self-care was conceptualized as any activity, mental, physical, emotional, or spiritual, that benefited individuals and enabled them to cope effectively with stress. With the advent of positive psychology (Seligman, Steen, Park, & Peterson, 2005), researchers have placed greater emphasis on ways to remain psychologically healthy rather than on attempts to remediate psychological disorders. In chapter 2, the influence of positive psychology and self-care on work satisfaction, relationships, and overall life satisfaction is discussed.

Spirituality might be defined as a positive, personal relationship with God. People who develop high levels of spirituality often engage in practices that remind them of that connectedness with God. For the purposes of this study, spirituality was examined within the context of Christianity, which takes its conceptualization of spirituality from the Christian Bible. As a result, Jesus' teachings regarding spiritual practices as well as the behaviors he modeled have become the hallmark for Christians to follow as they attempt to attain spiritual maturity.

For the purpose of this study, the terms *clergy*, *minister*, and *parish pastor* were used interchangeably to signify someone who was serving as an ordained pastor in parish ministry in the Lutheran Church. There was not a job description for this vocation, because there were multiple and varied roles expected of the clergyperson. This research was limited to studying only those who were serving in the ordained ministry and did not include other parish workers such as deacons or deaconesses, lay ministers, youth directors, or Christian education directors.

Summary

Within the Lutheran Church, there have been tremendous concerns regarding the shortfall of available clergy to meet the needs of congregations. Lutheran administrators have expressed the concern, that should clergy continue to leave the vocation, the Lutheran Church will reach a critical point at which they will no longer be able to meet the needs of congregations. With this in mind, it was important to explore clergy stress and self-care practices in order to understand this relationship and provide support for clergy who were under duress. A second outcome of this research would be to present a firm basis for establishing "...a healthy pathway toward recovery" (Palser, 2005) for clergy who were in distress.

This study utilized three instruments, Cartwright and Cooper's (2002) *A Shortened Stress Assessment Tool* (ASSET), Hall and Edward's (2002) *Spiritual Assessment Inventory* (SAI), and *Clergy Self-Care Practices* (CSC), in order to explore the relationship between stress, self-care practices, and spirituality among clergy. The sample used for the study was Lutheran clergy in the northeastern region of the United States. Although this was a homogeneous, self-selected sample, it is hoped that the results of this research will spurn additional research in the area of clergy self-care that could be generalized to all denominations of clergy.

Chapter 2 – Literature Review

Stress is considered commonplace in modern society. In the mid 1950's, society expected the dawning of a new millennium that would hold innovative, exciting, labor-saving devices, thus making life less complicated. During the mid 20th century, the concept of stress relative to the next century focused on how to spend leisure time: in reality, as technology has advanced, human life has become more complicated, leading to higher levels of stress in most areas of life. This “paradox of progress” has been seen in the various fields of psychology and medicine through the treatment of stress-related disorders.

Stress and Physiology

Numerous researchers have looked at stress and physiology in an attempt to understand the relationship between the two. Gatchel and Oordt (2003) described the cycle that included stress, medical symptoms, and undesired lifestyle changes, focusing on how the three components are inextricably bound to each other and have a collective effect. According to these researchers, when persons encountered medical difficulties they would change some aspects of their lives in order to accommodate the medical difficulties. These undesirable changes would bring about rises in stress levels as they attempted to compensate for their life changes. As the cycle continued, the increased stress exacerbated physical symptoms, thus creating additional life changes and amplifying stress. This cycle would continue until intervention occurred at some stage in the sequence.

The literature was replete with examples of stress being viewed as a destructive force. In order to understand the relationship between stress and health, it was imperative

to understand the physiology of stress. Stressors activate the hypothalamic-pituitary-adrenal (HPA) axis as the person rallies the biological resources to cope with the stressors (Adinoff, Iranmanesh, Veldhuis, & Fisher, 1998). The activation of the HPA axis served the purpose of increasing sympathetic nervous system output, resulting in the body's ability to cope effectively with the stressor. As people encountered environmental stressors, the hypothalamus was activated through internal sensors in the body. In turn, this stimulation caused the release of hormones into the anterior pituitary gland, which controlled the release of additional hormones to activate the adrenal gland. The adrenal cortex (outer portion of adrenal gland) secreted corticosteroid, aldosterone, and androgenic hormones, and the adrenal medulla (inner portion of adrenal gland) secreted epinephrine and norepinephrine during a stress response. Epinephrine increased heart rate and force of heart contractions; at the same time norepinephrine increased metabolic processes, cardiac output, and had strong vasoconstrictive effects which increased blood pressure (Klein, 2000).

Hans Selye (1976) has suggested that the body goes through three stages in its attempt to cope with stressors. The first stage, called the alarm stage, was characterized by the activation of the body's defenses, such as the HPA axis. The second stage, labeled the resistance stage, was typified by the continued high levels of physiological responses such as increased cardiac output and increased respirations. The final stage, termed exhaustion, occurred when the body had depleted its resources and now worked to replenish them through activation of the parasympathetic nervous system. Continued activation of the body's resources led to a depletion of physiological resources and ultimately, exhaustion. It was also during these stressful times that individuals became

prone to mental exhaustion, emotional depletion, and physical illness. People would confront these stressors daily as they attempted to fulfill the obligations of their vocations, accommodating the demands placed on them by the people they served and the institutions in which they worked. “Unmanaged chronic stress can have deleterious effects on the physical and psychological health of individuals” (Schure, Christopher, & Christopher, 2008, p. 47). Their research recorded the fact that stress either might lead toward or might aggravate physical disorders such as heart disease, hypertension, and gastrointestinal disorders.

Vocational Stress

Workers encounter a great number of stressors in almost every aspect of their employment, regardless of the complexity of the job. Greiner and Krause (2006) demonstrated a relationship between observed stress and musculoskeletal disorders in inner city transit workers, suggesting that these disorders were a physical manifestation of stress. Workplace demands could include such factors as deadlines, providing services for the public, scarcity of materials and personnel, meeting production quotas, and getting along with coworkers. Stress resulted when workers lacked self-efficacy; this latter term was conceptualized as possessing the resources necessary to meet the demands of their employment adequately.

People employed in service-oriented careers, such as the medical and health fields, encountered stressors on a daily basis. In research regarding stress in the medical community, Rabin, Matalon, Maoz, and Shiber (2005) discussed the stressors facing physicians today. These researchers stated that “...doctors working in the system today often find their work stressful and threatening” and suggest that this is caused by “...the

heavy demands of direct patient care, information overload, the overemphasis placed on curing disease rather than relieving pain” (p. 94). In research conducted by Kirkcaldy, Trimpop, and Levine (2002), the researchers ascertained that the phenomenon of long workweeks in the medical community is a global issue; physicians in Japan average 202 more working hours than those in the same profession in the United States and 511 more working hours than the same professionals in West Germany. Kirkcaldy, et al. (2002) confirmed previous research, indicating that there were physical and psychological consequences for the workload of physicians in their study. Zimmerman, et al. (2005) discussed the long hours, lack of pay and benefits, and work related injuries as stressors that direct care providers face while working in long-term care facilities. Stress and burnout among nursing staff was recognized as a major issue when working with geriatric patients in long-term care (Kennedy, 2005).

In the field of psychology, clinicians faced many challenges as they tried to meet client needs, keep up with the paperwork that was necessary to maintain a practice, and remain concerned with the ethics of the profession (Kramen-Kahn & Hansen, 1998). Coster and Schwebel (1997) echoed these concerns and added the importance of learning about new interventions, developing specialties, marketing services, and dealing with the healthcare system. In addition, Barbopoulos and Clark (2003) conducted research regarding the delivery of mental health services in rural North American settings and discovered additional stressors such as geographic limitations, lack of available services, and unique cultural differences among rural residents. It is an ordinary practice for psychologists to spend many hours per week in therapy sessions with consumers, leading to mental exhaustion and possible burnout for these mental health professionals. Maier

and Watkins (1998) pointed out that the demands of this vocation could easily place a physical as well as a psychological burden on the psychologist. Stress was an issue for mental health workers and affected their degrees of performance, their ability to provide effective interventions for their clients, job satisfaction, and eventually their health (Edwards, Hannigan, Fothergill, & Burnard, 2002). Human Services professionals who were constantly focused on helping others, often felt isolated and under a great deal of stress (Sokoll, 2007).

In each vocation, employees encountered a set of stressors that ultimately placed them at risk of physical and mental exhaustion and illness. On the other hand, there were a number of factors that influenced the outcome of these varying levels of stress, such as resiliency (Meek, et al., 2003), support systems (Lee & Iverson-Gilbert, 2003), and cognitions (Van Der Linden, Keijsers, Eling, & Schaijk, 2005). Lee and Iverson-Gilbert (2003) found that personal resources and cognitive perceptions of clergy were more important than demands when dealing with external stressors.

In other research conducted by Meeks et al. (2003), personal resilience was identified as paramount in mediating stress from facing the challenges of parish ministry. This qualitative study was divided into two parts, the former focusing on some components of resilience and the latter on the role of the mental health professional and clergy. The researchers were able to discover some promising elements of resilience among pastors, including being intentionally balanced between work and home life, intentionally connected with a support system often outside of the church, a sense of a calling from God, engaging in spiritual disciplines such as reading Scriptures, frequent prayer, and “alone time,” and finally self-awareness in relationship with God (Meeks, et

al., 2003). Without these factors in place, clergy were more apt to burn out or to act out in ways that were personally destructive.

Meek et al. (2003) expressed concern over the concentration of psychology on the lack of resilience and on negative outcomes rather than studying the positive features of resilience:

For example, what is going well for the 20% whose family life is not negatively affected, the 50% who remain in ministry after five years, the 30% who have been able to develop close friendships, and the 63% who are maintaining strong sexual boundaries within their congregations (p. 340)?

However, in order to develop resilience, the clergyperson needed to experience adversity. While studying children and families, Phillips (2008) noted that two important factors were requisite in order to experience resilience. First, it was essential that the person encountered something that posed a very real threat, producing some sense of personal risk in overcoming that danger. Second, the outcome required adequate adaptation and a high level of functioning as the person managed the stressor. In their review of the literature, Jackson, Firtko, and Edenborough (2007) found that nurses were able to develop characteristics related to resilience, including building positive professional relationships, developing personal insights and a greater sense of self-awareness, attaining a balance in life, and cultivating their spirituality. These findings might be generalized to clergy who encounter many of the same stressors as do those in the health care professions.

Prayer also appeared to be another aspect of clergy resilience when reviewing the subjective correlates of personal prayer and the meaning of life. Turton and Francis

(2007) studied the relationship between higher life satisfaction and positive subjective feelings toward prayer. The researchers found that clergy who displayed a higher level of prayer exhibited lower levels of symptoms associated with burnout, such as emotional exhaustion, depersonalization, and isolation.

Included in the literature on resilience, researchers suggested the importance of some semblance of a support system as being important for resilience in a variety of situations and vocations (Phillips, 2008; Meek, et al., 2003; Jackson, Firtko, & Edenborough, 2007; Earvolino-Ramirez, 2007). This support system included family, close friends, colleagues, and systems that were “built into” the institution employing the professional. Each study indicated that, in addition to personal attributions such as flexibility, a sense of humor and self-efficacy, people needed to engage in meaningful relationships that enhanced personal resilience. In the clergy profession, as well as in other stressful vocations, these support systems are critical.

Clergy Stress

In the clergy profession, especially for those who are involved in parish ministry, demands are great and support is frequently missing (Meek, et al., 2003). The clergy are often the first persons that many people turn to in times of crisis (Birk, et al., 2001; Lee & Iverson-Gilbert, 2003) when members of their congregations are in need of guidance, comfort, and counseling. It is commonplace for a parishioner to call the clergyperson to the hospital in the middle of the night to minister to the needs of a critically ill family member. One of the primary concerns within the parish ministry is that clergy provide pastoral care for their congregants. However, to whom do clergy turn when they encounter difficulties in their lives?

Although pastoral counseling and caring for the sick and bereaved were an important aspect of ordained ministers' lives, congregations expected a great deal more from their pastors. Members of congregations expected their pastors to provide a multiplicity of services to them, including preaching, teaching, administrative concerns, and pastoral care concerns (Celeste, Walsh, & Raote, 1995). This began to scratch only the surface of the variety of roles that clergy played throughout the course of their ministries. Darling, Hill, and McWey (2004) noted that clergy in the United States were often called on to help people in their times of distress, whether they were directly related to the pastor's congregation or not. As representatives of spiritual matters, clergy may be called to provide emotional, spiritual, and instrumental support in the aftermath of community tragedies, placing the needs of those whom they served above their own needs and those of their families. As a result, clergy often did not have the support of family members; in fact, the family may have provided an additional stressor to the pastor during these times of crisis intervention (Darling, et al., 2004). Not only were the clergy expected to provide services to their congregations, they were also the ambassadors to the world at large for their congregations and the Christian faith. Additionally, there was the expectation that clergy would be well versed in spiritual matters, theological and doctrinal issues, current events, and political affairs, especially when these issues affected the church. Clergy routinely worked long hours to meet the needs required of them by their church family (Darling, et al., 2004).

When fulfilling the duties of the ministry to which clergy were called, there was also an expectation on the part of parishioners and church officials that clergy were going to be "above reproach" in their behavior, meaning that they were not expected to

succumb to the same temptations and socially unacceptable behaviors as their parishioners. As newspaper headlines have shown in the past decade, there has been a revelation that some clergy have not met these lofty standards (Birchard, 2000; Davies, 2003; Haug, 1999; Thoburn & Whitman, 2004), engaging in illicit sexual liaisons, alcoholism, drug abuse, and other forms of misconduct. The fallout from these situations involving clergy could be devastating not only to the individuals directly affected but also to the larger Church. People began to doubt the sincerity of the clergy and of Christianity as a religion, commenting that clergy were not able to “practice what they preach.” These high demands and expectations coupled with a fear of public scrutiny set up a dynamic that led the clergyperson toward isolation and an unwillingness to seek out clinical help if needed, thereby complicating an already difficult situation even further.

It is difficult for clergy to establish supportive intimate relationships outside of the ministry. While studying resilience (Seligman, Steen, Park, & Peterson, 2005), researchers have discovered the importance of support systems in which people can truly express their innermost feelings. Many people who were not acquainted with the special demands of the ordained ministry (Golden, Piedmont, Ciarrocchi, & Rodgerson, 2004; Malony, 2000) were unable to empathize with clergy stress. Some religious denominations were beginning to recognize this need for specialized support by establishing committees composed of selected parishioners to provide a “sounding board” for clergy called to their congregation. Although this was a step in the right direction, it did not yet provide the clergyperson with a safe environment in which to express deep emotional concerns. One issue that confronted clergy, as in many upper administrative positions, was the fear that they would be viewed by others as incompetent or unable to

fulfill their duties. Clergy apprehension could lead to withdrawal from the very people who could help them most through counseling and mentoring. This seclusion from others might lead to clergy acting out in a manner that could be harmful to themselves (major depressive disorder, suicide, addiction) or to others, as they adopted unhealthy ways of resolving internal conflict.

Burnout, substance abuse, sexual misconduct, and other forms of impairment were affecting clergy in large numbers, as noted in Davies' (2003) study on clergy sexual misconduct. Research in sexual boundary violations by clergy has indicated that this problem has been widespread and has attracted a great deal of media attention (Meek, McMinn, Burnett, Mazzarella, & Voytenko, 2004). Within this context, boundaries were considered appropriate behaviors as defined in the social context and by the cultural norms. Haug (1999) discussed the boundary violations by clergy and the misuse of power and authority in the ministerial profession. It was difficult to maintain boundaries in a profession in which society expected the clergyperson to be both friend and confidant, while at the same time preserving a professional distance. Birchard's (2000) research yielded data that supported a relationship between clergy sexual misconduct and "...boundary ambiguity, institutional inattentiveness, and personal need" (p. 136). In Schindler, Berren, Hannah, Beigel, and Santiago's (1987) study comparing the public's view of mental health, medical, and clergy professions, the researchers found that clergy were rated highly in the areas of warmth, caring, professionalism, and stability. If ministers attempted to maintain some type of separation from their parishioners, as other professions such as psychology require (Pipes, Holstein, & Aguirre, 2005), the people whom they served may have perceived them as "aloof" and unapproachable. This

distance might easily have impeded the performance of their duties as they tried to minister to individuals who were in need. Additionally, clergy were considered by many as representatives of God to the people they served and to the community (Lief, 2001). Especially in the Christian tradition, God was personalized as presented through the incarnation of Jesus Christ and was, therefore, offered as a “loving God” who was approachable, caring, and was very much like the people he served. The Christian Bible portrayed Jesus as someone who was tireless and completely focused on his mission to further God’s kingdom, while also being accessible to the masses for instruction, healing, and friendship. The clergy are encouraged to follow this example set by Jesus Christ and embody or represent God in the lives of congregants, being present in times of crisis and joy, of heartache and happiness, and of life changing events.

Lawrence Rossiter (1988) discussed such a relationship with clergy as he related an incident in which he was hospitalized as a 16-year-old because of a spinal cord injury. Physicians told him that he would never walk again. He chronicled his feelings of denial, discouragement, embarrassment and depression, as treatment continued over the months in which he was bedridden. All that he had known and the future that he had envisioned were gone. He recounted a defining moment during his “darkest hour” when the hospital chaplain visited him. Following that one-hour visit, Rossiter explained,

The hospital visit by the caring, concerned pastor is as fresh in my mind today as it was some 30 years ago. This critical counseling incident altered my whole life. It directly affected my educational decisions, the choice of my wife, and my career choices. No, my body doesn’t work much better than it did just after the

accident, and I'm still in the wheelchair. Nonetheless, you aren't likely to find many people who enjoy life more than I. It is great to be alive! (p. 84)

It is this kind of impact that clergy can have on those they served by being "ambassadors" of God.

However, this level of caring and intimacy can be mistaken by both clergy and congregant as having a deeper meaning; this may lead to crossing the boundary from professionalism to an emotional or even sexual sharing. As noted in Haug's (1999) article,

Clergy are expected to be friendly and warm to demonstrate their caring by initiating contacts with members (eg., visiting parishioners in their homes, in the hospital, or over lunch; comforting them with hugs) and by placing minimal restrictions on their own physical or emotional availability (413).

Haug (1999) went on to note that clergy boundaries were often ambiguous as these clergypersons became overly involved in the lives of their parishioners. This over involvement with their congregations were often viewed as demonstrations of love, caring, and unselfishness, traits which were encouraged by members and fellow clergy. However, these blurred boundaries also contributed to the clergies' neglect of their personal lives (Haug, 1999), adding to their stress.

There is a sense that because clergy have received a "calling" into the ordained ministry, they should not be subject to the same work-related stressors as members of the general population. This idea of "calling" is difficult to conceptualize. Christopherson (1994) defined the calling as "...a task set by God with a sense of obligation to work for purposes other than one's own" (p. 219). This sense of calling went beyond a career or

employment, because these were areas that were chosen by the individual as a means of income or self-fulfillment; however, a calling indicated that God has, in some manner, instructed the individual to engage in an endeavor. Within the Christian tradition, a spiritual calling into the ordained ministry was necessary and was usually required for the minister to be “set aside” to perform the tasks relegated to the ordained ministry.

Christopherson (1994) also contended that there might be other influences, such as family tradition or self-interest at play when candidates were considering the ordained ministry. However, most committees who examine potential candidates explored the level of spiritual calling as a necessary component for ordination.

Sometimes this spiritual calling was not enough to sustain the clergyperson amid the onslaught of demands and concerns while serving a congregation. On the other hand, it may actually be true that this sense of spiritual calling mitigated the effect of stressors on ministers and sustained them in the middle of less than desirable circumstances.

Although other research has focused on spirituality and burnout among clergy (Golden, Piedmont, Ciarrocchi, & Rodgeron, 2004), the current research examined the hypothesis that spirituality mediated the relationship between self-care and perceived levels of stress in the clergy.

Although the demands of other areas of employment can be great, the strains encountered by clergy were often different in nature and of greater variety, because clergy were expected to “be all things to all people.” According to Meek, et al. (2003), clergy were, historically, the people who were expected to provide spiritual, emotional, and family guidance to members of the community. Other authors, such as Malony (2000), pointed to the multiplicity of roles that the clergyperson played; these included

theologian, leader, a person involved in community life, and minister to people in crisis. Meek, et al. (2003) went on to suggest that society has viewed the clergy as the forerunners of modern psychotherapists, because ministers were often the initial contacts for crisis intervention. Darling, Hill, and McWey (2004) noted the interplay of a variety of forces in clergy life including congregational, communal, and familial stressors:

Clergy in U.S. culture stand at the forefront of helping people during troubled times. They are frequently called upon to support individuals in personal crises such as death or illness, cultural crises such as school violence and acts of terrorism, and environmental crises such as hurricanes and floods. They often work long hours and place the concerns of their congregation and community before their own personal and familial issues. While they are serving the community, the needs of their spouses and families may often go unaddressed. As a result, familial strains may add even further stress to the clergy and his or her family (pp. 261-262).

Unlike other professions, clergy were “on-call” at all times, needing to respond to the needs not only of congregational members but also to needs resulting from crises that may have arisen in the community at large. For example, in addition to psychologists and counselors, clergy were called to provide counseling and support when an adolescent committed suicide.

For many, the home provides a place of respite from the demands of work ; this is not necessarily so for the clergyperson. An additional area of stress for clergy can be the expectations and stresses of family life. To the casual onlooker, the ministry might not seem to pose family stressors that are different from any other profession; however, there

are often additional expectations placed on the family of the clergy, such as participation in church events, regular attendance at worship services, and participation on a variety of committees. Frame and Shehan (1994) suggested that, although the husband might be the person “hired” by the church, both the clergyperson and the spouse were expected to react to both overt and covert congregational demands. Besides church-related obligations, spouses of clergy were also expected to maintain certain standards of behavior and served as examples to others regarding the appropriate ways to raise a family. Children of clergy, also known as “preacher’s kids” (PK), were expected to be honest, trustworthy, well-mannered, and good students while attending their educational facility. Outside of school, they were to be the examples of proper decorum, not engaging in underage drinking, sexual relations, or experimentation with chemical substances. Any misbehavior by children of a clergyman or a clergywoman may be viewed as the clergyperson’s incompetence as a spiritual leader. This placed a tremendous pressure on the clergy family, who often felt as though they were leading a “fishbowl” existence.

Depending on the characteristics of the family dynamics and the willingness of the spouses to assume the roles placed on them by congregations, the clergy’s family can be a source either of support or of consternation. Lee and Iverson-Gilbert (2003) hypothesized that higher levels of negative characteristics, such as personal criticism, boundary ambiguity, and family criticism would result in higher levels of stress for clergy. A second hypothesis was that social support would ameliorate the effects of stress. The results suggested that the clergy’s interpretation of events rather than the events themselves played a large part in stress levels. Frame and Shehan (1994) purported that the cooperation of the clergy spouse was vital if the clergy wished to receive larger

congregations or more important assignments that often resulted in higher income. Clergy maintained a delicate balance between the popular notion that they should be willing to sacrifice secular comforts and the familial expectations to provide financially for the family.

In certain mainline denominations, clergy were expected to move on a regular basis, depending on where the church administration felt that the needs of congregations could best be met by the abilities of the clergy. Frame and Shehan (1994) noted that frequent relocation can place demands on clergy wives, depending on the roles which the wives play in the church. Although nearly all clergy spouses were involved in some manner in the church, some have moved away from the more traditional, highly involved spouse to a position of less involvement in church activities and greater involvement in activities outside of the church. One of the other issues faced by spouses of clergy during relocation is finding new employment. Because the majority of clergy continue to be male, it is often the responsibility of the wife to give up her employment and move to the new location with her husband. This necessitates the need for the spouse to find new employment. These familial stressors also can impact the well-being of the pastor.

Lee and Iverson-Gilbert's (2003) research further indicated that stress is not the only factor that needs to be taken into consideration when looking at clergy resiliency. They went on to explain further that researchers also needed to consider personal resources and perceptions in understanding stress levels in clergy. Their findings indicated that as congregations became more demanding, and the pastor's life satisfaction and subjective feelings of well-being became lower, there was a higher incidence of

burnout. As a result of the tremendous stress that clergy faced from all aspects of their lives, it was important to focus on resiliency, self-care, and positive cognitions.

Positive Psychology

According to Seligman, et al. (2005), positive psychology has grown tremendously in the previous 5 years. In the past, psychology has often focused on maladaptive coping mechanisms and psychopathology (Simonton & Baumeister, 2005). However, Seligman, et al. (2005) felt that the emphasis needed to turn to the strengths that people possessed and their abilities to overcome adversity. These researchers defined positive psychology as "...an umbrella term for the study of positive emotions, positive character traits, and enabling institutions" (p. 410). Gable and Haidt (2005) expanded on Seligman, et al.'s (2005) definition of positive psychology by stating that it "...is the study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups, and institutions" (p. 103). It is important to understand what traditionally was considered both the positive and negative aspects of emotion, behavior, and thought processes. Seligman et al. (2005) noted that there are 24 universal character strengths that include qualities such as authenticity, kindness, fairness, and open-mindedness, which were evident regardless of varying cultural, socioeconomic, gender, and age variables.

Many disciplines are beginning to recognize the impact of positive psychology with an emphasis on self-care and healthy living as an integral part of living. Arnett (2001), when talking about the field of psychology, stated that,

I believe that the single most important challenge facing clinical psychology today relates to its ability to significantly diversify its clinical and academic focus

in order to incorporate a broader vision of health, which both includes but also extends beyond mental health (p. 38).

He went on to note the importance of clinical psychology's contributions to health and well being through education and training of psychologists in positive psychology. Other researchers have documented a relationship between exercise and psychological well-being (Maltby & Day, 2001; Hansen, Stevens, & Coast, 2001).

Kirkcaldy, et al. (2002) noted that work satisfaction, commitment, autonomy, and positive working relationships were mitigating factors in their research on the correlation between long work hours and accidents. Stevanovic and Rupert (2004) confirmed these findings when they stated that psychologists who found intrinsic value in what they did tended to be more satisfied with their work and to experience less negative stress.

Positive psychology evolved out of a recognition that other areas of psychology were focusing primarily on maladaptiveness, mental illness, and individuals' lack of ability to cope effectively with the environment (Gable & Haidt, 2005).

Other research has studied the factors that can lead people to feelings of happiness (DeNeve & Cooper, 1998). These authors have reinforced many of the assertions made by Seligman, et al. (2005) that locus of control, psychological hardiness, and trust were important aspects of subjective feelings of well-being. These researchers also brought cognitive appraisal of events into their model of well-being, suggesting that the way in which people viewed stressors in their lives was equal to or more important than the actual events themselves.

Some studies have espoused the benefits of exercise when coping with stressful situations. Maltby and Day's (2001) research indicated that it was important for

individuals who engaged in exercise regimens be internally motivated in order to have the best long term outcomes. Other research on a sample of female college students indicated that a minimum of 10 minutes of aerobic exercise being performed at approximately 60% of maximum was sufficient to improve their overall feelings of well-being (Hansen, Stevens, & Coast, 2001).

New programs are being developed which have self-care and awareness of well-being in the forefront. Saunders, et al. (2007) discussed the use of a Mind-Body Skills course for first year medical students. The researchers developed the premise that medical school was a challenging and stressful environment. In order, therefore, to help students cope with the rigors of medical school, the researchers used training that focused on self-awareness, self-reflection, and self-care as a means of mediating the effects of stress and of producing well-rounded, psychologically grounded physicians. The findings of this study affirmed the importance of self-awareness and self-care as ways of reducing stress.

Self-Care Practices

An outgrowth of the positive psychology movement has been to focus on preventative measures rather than on remediation of illness. Even though this movement has been taking hold in medicine and in some other professions, little has been done in the field of parish ministry to determine ways to avert stress overload and eventual burnout effectively. Research has not traditionally focused on the area of self-care practices among the clergy; therefore, the information regarding self-care practices needed to be gleaned from other sources. In the area of psychology, for example, Coster and Schwebel (1997) reported that peer support, stable personal relationships,

supervision, a balanced life, affiliation with a graduate department or school, personal psychotherapy, continuing education, a strong family of origin, and positive coping mechanisms contributed to mental health and overall well-being. They also noted that self-monitoring was critical for psychologists to be aware of possible impairment and look for ways to remediate their circumstances. O'Connor (2001) advocated for psychologists to educate themselves continually in issues regarding stress and impairment, including the impact that personal crises may have on the functioning and well-being of the psychologist.

In the medical profession, clinicians were often taught to care for others before taking care of themselves (Cohen-Katz, 2005). Saunders, et al. (2007) performed research on first-year medical students to teach them how to cope effectively with the demands and rigors of medical school. The researchers suggested that if students learned to engage in positive self-care practices in medical school, they would become well-balanced physicians who would be able to provide better care for their patients. Their findings indicated that these medical students benefited from learning self-care techniques as evidenced through making the stress of medical school more manageable, improving academic performance, and gaining a feeling of community with other medical students at the school.

In other research performed on psychological well-being, Folkman and Moskowitz (2000) made the point that positive affect has an "adaptational significance" (p. 648) and helps individuals to cope more effectively when in highly stressful situations. Although this finding was more complex than simply "putting on a happy face," it may have an impact on clergy coping and, at the same time, protect against some

of the adverse physiological facets of stress. Frederickson and Levenson (1998) demonstrated that positive affect had a major impact on recovery from adverse cardiovascular reactivity as subjects watched films portraying contentment or amusement. Research also suggested that positive expressions of emotions during periods of intense stress may help ward off clinical depression, because it interrupted the downward negative affect/depressive cycle (Folkman & Moskowitz, 2000). But for clergy, was self-care sufficient to maintain mental and emotional health or was something else needed?

The Role of Spirituality

For clergy, a sense of “calling” into the ministry is paramount because it gives them the sense of purpose and relationship with God and often separates this vocation from other professions (Meek, et al., 2003). Scott (2007) defined a calling as, “...an ongoing relationship with God that is rooted in passion and purpose, a sense of obligation to work for purposes other than one’s own” (p. 268). One might have considered this calling as a higher level of spirituality, which has been defined as a positive personal relationship with God (Davis, Hook, & Worthington, Jr., 2008). Golden et al. (2004) suggested that spirituality was one of the basic elements possessed by clergy and buffered the impact of negative stressors. In their research on Methodist clergy burnout, the researchers found that spirituality explained an additional 2% variance even after other factors such as clergy personality were taken into consideration. This suggested that spirituality was an important buffer against burnout for clergy.

In Poll and Smith’s (2003) review of four major theories of identity development, the researchers developed 3 transtheoretical themes. These themes included the need that

individuals have to connect with others yet to maintain their individuality, the need to understand themselves with regard to others, and a sense of stability in how they view themselves. According to this research, these themes had a major impact on the process of spiritual connectedness to God and the spiritual meanings that people gave to life events. Poll and Smith (2003) went on to suggest that people's "spiritual identity increases as their behavior and their God image match with increasing accuracy the attributes of Deity" (p. 135).

Clergy and laity alike develop a conceptual framework of spirituality from the Christian Bible, especially when attempting to understand how individuals are to practice spirituality in the midst of intense stress. In one Biblical account (Matthew 14:13-32, NIV), Jesus has just learned that his cousin, John the Baptist was beheaded by King Herod. Jesus has just finished attempting to teach in his hometown of Nazareth but was rejected by the people. When he received the news of the death of his cousin, he boarded a boat and went offshore to be alone in his grief, but the people of the surrounding area followed him. When he landed on another shore, he began healing the sick until it was getting late in the day and finished by producing a miracle of feeding between 10,000 – 15,000 people with five loaves of bread and two fish. After the miracle, he sent his disciples out on a boat while he went up on a mountain to pray. Around 3:00am, a storm arose on the Sea of Galilee and threatened to swamp the vessel. Jesus came across the water to save the disciples and calm the storm. Simply by looking at the time frame of a "typical day" in the life of Jesus, it is apparent that he was attending to others for most of the day without sleep or without engaging in any self-care except to pray. Throughout the Christian Scriptures, prayer is the primary self-care method used by Jesus.

Is prayer enough for clergy to moderate the stress experienced from the rigors of their clerical duties? This research hypothesized that spiritual maturity, which included prayer, would be sufficient to mediate the deleterious effects of negative stress on clergy.

Chapter 3 - Method

Taking into consideration that stress is an intrinsic part of the clergy profession, this research was designed to replicate previous findings of research in other professions, indicating that self-care practices would have a relationship to perceived stress levels; however, the current research investigated the possibility that spiritual maturity would mediate the relationship between self-care and stress. In this way, the following hypotheses have been developed:

Hypothesis 1: *Clergy self-care is going to have an effect on perceived levels of stress as measured by the Clergy Self-Care Questionnaire and ASSET.* This part of the study was expected to replicate findings of previous research which demonstrated that there was a relationship between self-care practices and stress levels (Coster & Schwebel, 1997; Stevanovic & Rupert, 2004; Shamai, 1999; Kirkcaldy, Trimpop, & Levine, 2002; Sokoll, 2007; Howard, 2008; Kramen-Kahn & Hansen, 1998; Edwards, et al., 2002; Carruthers & Hood, 2004; Redwood & Pollak, 2007). However, each of these studies was performed on professions other than that of ordained clergy.

Hypothesis 2: *Given levels of clergy self-care as measured by the Clergy Self-Care Questionnaire, spirituality will have a mediating effect on perceived levels of stress as measured by the SAI and ASSET.* Meek et al. (2003) ascertained that a sense of calling, of spiritual disciplines, and of self-awareness of God's nature were important to prevent burnout. Golden, Piedmont, Ciarrocchi, and Rodgerson (2004) suggested that high levels of spirituality were among the buffers against burnout among individuals in the general population. Plante, et al. (2001) did not find a significant relationship between religious faith and coping with daily stress among students, faculty, and staff at a Catholic

university. Rather than observing the end result of burnout, it was the purpose of this study to demonstrate that this sense of commitment to a higher purpose, that of serving God and others, would moderate the stress of the subjects' multiple roles in the ordained ministry.

Hypothesis 3: *Individuals who entered the ordained ministry as a second career will experience a lower score on the ASSET subscale regarding pay and benefits than those individuals who entered the ministry as a first career.* Upon graduation from seminary, newly ordained pastors traditionally are called to smaller and less financially stable congregations. However, in addition to the everyday living expenses to run a household, the newly ordained minister also has student loans to repay. Lincoln (2006) asserted that students who enter seminary as a second career choice incurred debt, often in excess of \$40,000, and did not have the means to repay the student loans upon graduation because they are entering a field which would not provide the financial support to adequately meet their needs. He further stated that some individuals returned to their previous vocations in order to pay the student loans. Second career individuals also had fewer years in the workforce to repay debts because the average age of these individuals was in the mid to late 40's.

Hypothesis 4: *Male clergy will experience greater stress in parish ministry than will female clergy.* Olsen, Crawford, and Guth (2000) expressed the fact that there was an unparalleled number of women entering the ordained ministry. As a result, it was important to study this phenomenon as a variable in this research on stress and clergy self-care. McDuff and Mueller (1999) suggested that female clergy received more social support from their congregations, from the church hierarchy, and from their colleagues

than did their male counterparts. Additionally, female clergy were able to compensate for the low financial packages through informal compensations or “perks” that often accompanied the ordained ministry. Nesbitt (1995) stated that although female clergy may have a disparate number of domestic responsibilities, these responsibilities did not appear to have an impact on the upward mobility of the female clergy when compared with their male equivalents. In other research on personality characteristics of male and female clergy, Musson (2001) noted a gender reversal on the 16 Personality Factors (16PF5). His research suggested that female clergy “...were less outgoing (Factor A), more emotionally stable (Factor C), more dominant (Factor E), less rule-conscious (Factor G), less emotionally sensitive (Factor I), less apprehensive (Factor O), and more open to change (Factor Q1) than male clergy” (p. 175). Jones, Francis, and Jackson’s (2004) research supported these findings as they suggested that female Anglican clergy scored lower on the 20-item Eysenck Personality Profile (EPP) than females in the general population. On the other hand, male clergy scored higher on the EPP than males in the general population, indicating higher anxiety.

Hypothesis 5: Clergy who have a spouse contributing financially to the household will experience less stress than those who do not. Difficulty in being able to meet financial obligations is one primary stressor for many families in the United States. Upon graduation from seminary, newly ordained pastors traditionally are called to smaller and less financially stable congregations. However, in addition to the everyday living expenses to run a household, the newly ordained minister also may have student loans to repay.

Participants

One hundred and fifteen ordained Lutheran clergy (86 male and 29 female) from the northeastern region of the United States participated in this study; they ranged in age from 21-30 years to over 60 years of age (76% of respondents were ages 51 and beyond; $N = 87$). All participants held at least a master's degree (Master's of Divinity or its equivalent) in theology, and other members held a doctoral degree (Doctorate of Ministry or its equivalent). All were currently involved either in full-time parish ministry, were semi-retired (working 20 hours or less per week), or were employed by the Church in administrative capacities. According to this sample, 45% ($N=51$) of the subjects have had other vocations prior to entering into the ordained ministry, and the other 55% ($N=63$; 1 missing) have entered the ordained ministry directly from seminary. Of the participants in this study, 86% ($N=83$) were serving congregations that had active memberships of 799 or less (see Table 1, page 82) and 67% ($N=77$) have been in the ordained ministry 20 years or more (see Table 2, page 83). Of the 115 respondents, 95 (83%) were married. Ninety-three of the 115 (81%) respondents stated that they relied on their spouses to contribute financially to the household income. Although participants were encouraged by their regional Bishop to participate in this research, volunteers did not receive any remuneration or other compensation for participation.

Procedures

A packet containing a letter from the Bishop authorizing participation in the study, an informed consent letter, the testing instruments, a data sheet, and a self-addressed envelope was mailed to 410 potential subjects in the northeastern United States. This body represented currently ordained pastors, both active and inactive, serving

292 congregations. Participants were informed that the packet of information should take approximately 45 minutes to complete and were instructed to return the packets in the self-addressed stamped envelope. Packets were coded to maintain the integrity of the data collected; however, there was no identifying information gathered from participants in order to maintain their anonymity.

Measures

Clergy Self-Care Practices. This survey instrument designed by this researcher utilized four subscales related to overall clergy self-care including Support, Physical Illness, Spiritual Practices, and Personal Self-Care. This survey reflected the principles of the biopsychosocial model (Lewis, 2008) because it took into consideration an examination of three major areas of the participant's life: psychosocial, physical health and well-being, and spiritual relationship. This tool considered many of the components of self-care; taking into account only one dimension would not provide a complete picture of the complex interaction of emotional, physical, and spiritual dimensions. All subscales utilized a 4-point Likert Scale, with participants endorsing items that applied to them (0 = Not at all; 1 = Sometimes; 2 = Often; 3 = Always). The subscale on Support asked participants to endorse the levels of support they received from support systems, ranging from immediate (partner, immediate family) to outside support systems (Bishop, personal counseling). The subscale on Physical Illness used reverse scoring and asked participants to endorse items related to illness in three time categories: the past year, the past five years, and lifetime. The subscale related to Spiritual Practices reviewed participants' spiritual activities, such as personal prayer, reading Scriptures, meditation, and visiting religious places. Finally, the subscale on Personal Self-Care studied practices

such as sleep, exercise, time for relaxation, and wellness physical exams. This instrument was developed specifically for this study.

A Shortened Stress Evaluation Tool (ASSET). Faragher, Cooper, and Cartwright (2004) developed ASSET as a means of providing a brief instrument that could be used to evaluate quickly those individuals who may be subject to stress related illnesses. The authors of the tool were concerned that longer and more involved questionnaires often would not be completed by employees because they were too cumbersome and confusing. As a result, the authors developed ASSET as an initial screening tool to help institutions assess the risk of stress on their workers.

The ASSET measured 12 factors relating to stress, including work relationships, the nature of the job, overload, control, job security, resources and communication, work-life balance, pay and benefits, commitment of the organization to the employee, commitment of the employee to the organization, physical health, and psychological health (Johnson, et al., 2005). This measure had been normed on 9196 subjects in the first study (Faragher, et al., 2004) in more than 26 organizations located in the United Kingdom, in both the private and public sectors. The second study in which the ASSET was normed occurred in 2007 with a sample of 3160 subjects who were working in 13 higher education institutions. It is important to note that, up until the current study, researchers have not used clergy as a sample group for this instrument for stress evaluation. Sample items included, "I do not have enough time to do my job as well as I would like" (Overload) and, "I work longer hours that I would choose to" (Work-Life Balance). Johnson and Cooper (2003) found that ASSET had good convergent validity

with the General Health Questionnaire (GHQ12), a measure of minor mental health disorders.

Section 1 of ASSET consisted of 37 questions divided into nine categories (see Table 3), scored from 1 (*strongly disagree*) to 6 (*strongly disagree*). These categories were designed to ascertain the subjects' overall perceptions of their jobs. The second section of ASSET was intended to focus on the relationship between the organization and the employee, and consisted of nine items divided into two categories, commitment of the employee to the organization and commitment of the organization to the employee. Unlike the previous section, respondents were to rate their responses from 6 (*strongly disagree*) to 1 (*strongly disagree*), because this section used reverse scoring. Section 3 consisted of 17 statements designed to elicit information regarding the subjects' physical and psychological well-being. The statements in this section utilized a 4-point Likert Scale with higher numbers indicating higher levels of stress (1=Never; 2=Rarely; 3=Sometimes; 4=Often). Section 3 included items such as "lack of appetite or over-eating", "constant irritability", and "mood swings." The final section gathered supplementary information including demographics, other stress-related data, family information, education, lifestyle, and interests (Faragher, Cooper, & Cartwright, 2004).

Table 3

ASSET Categories of Item Groupings

Perceptions of the Job	Attitudes Toward Organization	Your Health
Work Relationships Work-Life Balance Overload Job Security Control Resources and Communication Aspects of the Job Pay and Benefits	Perceived commitment of Organization to employee Commitment of employee to organization	Physical health Psychological health

Spiritual Assessment Inventory (SAI). This tool was designed to measure the spiritual maturity of the subject. Developed by Hall and Edwards (2002), the SAI assessed two aspects of spiritual development, an Awareness of God dimension, which looked specifically at spiritual factors and the Quality of Relationship with God dimension, which looked at the psychological factors of spirituality. These dimensions were further broken down into five subscales: Awareness, Instability, Grandiosity, Realistic Acceptance, and Defensiveness/Disappointment.

In 1996, Hall and Edwards tested the SAI for reliability and validity. During testing, all of the scales except Grandiosity had demonstrated good reliability using Cronbach's coefficient alpha measure of internal consistency. Test-retest reliability indicated that all of the scales except Realistic Acceptance and Grandiosity were consistent in their measures. Hall and Edwards (1996) used the Bell Object Relations Inventory (BORI) as a measure of construct validity, because the SAI is based partly on object relations theory. Although the testing indicated that the SAI correlated significantly with the BORI on the Instability and Realistic Acceptance subscales,

Grandiosity did not. Further development of the SAI continued, and Hall and Edwards (1996) developed a revised instrument containing 48 items with good construct validity. They tested the later version of the SAI on 438 subjects and found that this new version maintained construct and convergent validity when correlated with several other measures. The latest revision also included an Impression Management subscale, which the researchers designed to be a measure of test-taking attitude (Hall & Edwards, 2002).

Stanard, Sandhu, and Painter (2000) rated the original version of the SAI quite high, stating that it was, overall, a valid and reliable measure of spiritual maturity. Using Cronbach's coefficient alpha measure for internal consistency, the researchers noted that all of the scales except Grandiosity demonstrated good reliability. Hall and Edwards (2002) have improved this subscale, as well as Realistic Acceptance, so that they reliably measured the constructs for which they were developed. Stanard, et al. (2000) expressed some concern over the ambiguity of the meaning of the Grandiosity scale and the validity of the Defensiveness scale in the 1996 version of the SAI. They also noted that this measure is limited to assessing the subjects' spiritual maturity, based on a Judeo-Christian perspective.

Chapter 4 - Results

A forward stepwise multiple regression analysis (MRA) was performed using the total scores on the Clergy Self-Care (CSC) Questionnaire and SAI as predictor or independent variables (IV) in order to ascertain their effects on stress as measured by the total score on ASSET as the criterion or dependent variable (DV). Of the 115 individuals who responded, 3 responses were not used because of missing data. It was expected that spirituality would have a mediating effect in the relationship between self-care practices and stress.

As expected, the relationship between clergy self-care practices and perceived levels of stress, $F(1, 110) = 7.388, p < .007, \beta = -.25$, was statistically significant in the first step of the multiple regression. However, when analyzing the relationship between spirituality and perceived levels of stress, there was not a significant relationship, $F(2, 109) = 4.99, p < .117, \beta = .147$ in step 2. When looking at the two IV's (clergy self-care and spirituality) in relation to the DV (stress) and controlling for the other factors of gender, first vocation, and spouse's contributions to household finances in the final step of the multiple regression, only the self-care measure was statistically significant, $F(5, 106) = 2.092, p < .005, \beta = -.27$. This would seem to indicate that spirituality was not a mediating variable in the relationship between self-care and stress among clergy; however, there was a negative correlation between self-care practices as measured on the Clergy Self-Care Questionnaire and perceived levels of stress as indicated on ASSET. The summary for the multiple regression equation is found on Table 4, which follows. The Pearson R Correlation between the variables of first vocation and pay was unremarkable (correlation = $-.02; p = .795$) and indicated that there

was no significant correlation between these two variables. The correlation matrix, means, and standard deviations are located in Appendix A.

Table 4

Regression Summary for Dependent Variable: Stress

N=112	BETA	Std. Error Of BETA	B	Std. Error of B	T(106)	p-level
Intercept			153.858	25.483	6.038	.000
SAI Total	.150	.094	.215	.135	1.590	.115
CSC Total	-.275*	.096	-.905	.317	-2.855	.005*
First Voc	.077	.105	5.323	7.223	.737	.463
Gender	-.063	.102	-4.933	7.932	-.622	.535
Spouse Fin	-.012	.100	-.293	2.410	-.121	.904

R=.300 R²=.090 Adjusted R²=.047

F (5, 106) = 2.091 p < .072 Std. Error of Estimate: 33.520

*Statistically significant findings p < .05

Note: The scales are: SAI = Spiritual Assessment Inventory; CSC = Clergy Self-Care Questionnaire; First Voc = Ministry as First Vocation; Spouse Fin = Spouse Contributes to Household Income

Of the 115 clergy who responded to this study, 27 wrote additional information on ASSET, ranging from personal stressors to criticism of the testing instrument. Clergy indicated a number of issues they were facing, including chronic illness, impending surgery, recovery from surgery and mental disorders. Others indicated that they were facing family issues related to finance, demands from family members, life changes, and work-related concerns. Most of the written comments did not differ in content from issues faced by people employed in alternative settings. Some clergy wrote that family members often relied on them to perform gratuitous special services such as weddings

and funerals. This might be considered similar to requests for “free therapy” from psychologists or “free” medical advice from physicians. These explanations given by clergy, however, indicated the amount of stress they felt. Of the respondents, five clergy offered criticisms of the screening tool itself including spelling of words, confusing education levels, and questions not pertaining directly to pastoral duties. Another clergy commented that the term “boss” was too ambiguous, reflecting the numerous authorities to whom clergy are responsible such as God, the congregants, and the Church Board.

Chapter 5 - Discussion

This study was designed to investigate the possible relationship between self-care practices and perceived levels of stress among Lutheran clergy. It was further anticipated that the clergyperson's level of spirituality would be a mediating variable in that relationship. This study was expected to yield results indicating that clergy who were not engaging in adequate self-care practices would score higher on the ASSET, suggesting that there was a relationship between clergy self-care practices and their perceptions of stress. As a mediating variable, levels of spirituality were expected to correlate independently with levels of stress, implying that those who scored higher on the scales for spiritual maturity would score lower on levels of stress. When levels of spiritual maturity were combined with self-care through a multiple regression correlation, it was expected that these levels would correlate with levels of stress. Other variables, such as gender, years in ministry, ordained ministry as a second vocation, and spousal financial contributions were factored into the MRA also.

The first part of the study replicated previous research in other studies that have suggested a correlation between self-care and stress in professions other than ordained clergy (Carruthers & Hood, 2004; Maltby & Day, 2001; Barrow, English, & Pinkerton, 1987; Coster & Schwebel, 1997) and supported the first hypothesis. Although the current research found a statistically significant negative correlation ($p = .005$) between clergy self-care practices and perceived levels of stress, this linear relationship was small (-.27) when controlling for other factors being studied. This negative correlation did identify a statistically small relationship between the variables of self-care and perceived levels of stress. This indicated a limited relationship in the number of clergy who were involved in

positive self-care practices and were experiencing less stress; conversely, a limited relationship in the number of those who were not engaging in positive self-care practices and were experiencing more stress existed as well.

This was an important finding because it suggested the significance of clergy self-care as a means of reducing perceived stress. Although these findings have been suggested when researching other professions, they have not been studied in the clergy population. Moreover, the relationship between self-care and stress has been more of a “byproduct” of research on factors related to burnout. Evers and Tomic (2003) and Shinhwan (2006) explored burnout among pastors. Although the phenomenon of burnout, which included emotional exhaustion, depersonalization, and physical depletion differed considerably from subjective feelings of stress, they were also interrelated. Burnout appeared to be the result of prolonged periods of stress. This suggested that extreme stress brought about by demands exceeding personal resources eventually led to burnout.

Although studying burnout is valuable, it was imperative that stress and the variables that might reduce stress be examined so that burnout can be avoided. Demand on clergy time and energy is high (Maslach, et al., 2001). Parishioners expect clergy to respond quickly with words of comfort regarding God’s presence and hope during times of personal crises (Darling, et al., 2004). In essence, clergy are the first professionals to be called when congregants have suffered tragedy in their lives. To whom do clergy turn when they feel their emotional and physical resources diminish? This research suggested that clergy who handled stress more effectively relied on one or more of the self-care strategies measured in the CSC. Having support systems in place, engaging in regular spiritual practices, and taking proper care of themselves were important in reducing

stress. This study advised that it was vital to have a support system in place for clergy so that they did not feel alienated and could express themselves openly about their misgivings about their vocations. It was crucial that clergy care for themselves physically, and get adequate sleep, exercise, and proper nutrition to sustain them when confronted by multiple stressors.

However, this concept of self-care might have presented a dilemma for clergy who have been trained to care for others. Much like human service workers (Sokoll, 2007; Edwards, et al., 2002)), clergy have been taught to focus on the needs of the people they serve rather than on self-care (Birk, et al., 2001). For clergy in particular, self-care may seem indulgent in a profession that is based on spiritual matters and sacrifice. In the Bible, Jesus presented as someone who was tireless in caring for others, working long hours teaching, preaching, and healing. For Jesus, his spiritual life was sufficient to sustain him and moderate the stress in his life (Matt. 14:23; Mark 14: 32-39, NIV). Clergy are encouraged to “imitate the Master” in their vocation as leaders and ministers in the church.

In a similar manner, the second hypothesis was formulated to demonstrate that levels of spiritual maturity, as measured by the SAI, would mediate the perceived impact of stress on clergy, serving as an anticipated “buffer” against stress. In other words, even though clergy might not be practicing effective self-care, their levels of spiritual maturity would mediate these effects, thereby resulting in lower stress levels. Ervin Shirey (2001) who studied support systems and their impacts on spiritual well-being and coping with burnout among pastors in the International Pentecostal Holiness Church found that as support systems increased, so did scores on the *Spiritual Well-Being Scale* (Utsey, Lee,

Bolden, & Lanier, 2005). Shirey (2001) further found that this relationship between spiritual well-being and support systems ultimately resulted in lower scores on the *Maslach Burnout Inventory* (Kitaoka-Higashiguchi, et al., 2004). In similar fashion, results of this research on Lutheran clergy should have yielded lower scores total scores on ASSET as they related to higher scores on the SAI and CSC. However, this was not the case, and there were no statistically significant findings when examining these three variables. If the hypothesis had been supported by the data, one would have expected that spirituality would have made a significant impact on the relationship between clergy self-care and perceived stress levels. The following discussion suggests some possibilities for reasons why this was not the case.

In a study of students, faculty, and staff at a Catholic university, Plante, Saucedo, and Rice (2001) also did not find a correlation between faith or spirituality and coping well with stress. The researchers proposed that the lack of findings was related to the strength of stressors confronting the subjects. They surmised that people turned to spiritual matters when major or traumatic life events occurred rather than at times when they were coping with daily stressors. The current study supported that notion as being true for clergy as well. It was possible that spiritual disciplines such as prayer, reading the Bible, and reading spiritually inspiring materials became a “matter of course” in the daily routine of clergy, thereby relegating these rituals to habit rather than to their usefulness as edifying practices. However, when crises arise, clergy as well as the laity turned to spiritual practices as a means of mitigating their circumstances. Regardless of the lack of relationship between spiritual levels and stress, the discovery in the current research was that clergy needed to engage in positive self-care practices.

One can only suggest that there might be additional factors which led to the results of the current study. The first factor might have been an inadequate preoperational explication of the spirituality construct as it related to clergy. The definition of spirituality used in the current research related to the awareness of the respondents to their relationship with God and the influences that shaped that relationship. What was not taken into consideration was the fact that ordained ministry, more than any other vocation, carried with it an expectation that clergy were going to be spiritual individuals. As a result, the construct of spirituality in the SAI, as it has been developed for the majority of people, might not have been applicable to clergy. For people who are not engaged in the ordained ministry as their primary vocations, a relationship with God often brings comfort and respite from their environmental stressors; however, clergy may view this relationship as a reminder of what needs to be accomplished at “work.” It was almost as if pastors were not able to remove themselves from their vocations to have a separate spiritual life, which would thus mediate stress. Many clergy have entered into the ordained ministry because of a “calling” or spiritual inclination derived from God.

Even the notion of a calling might be somewhat suspect, because there is no construct that defines the term “calling.” Instead, it is an ambiguous sense that God has set this person aside to perform the duties of the ordained pastor. As a result, it is possible that there are a number of clergy in parish ministry who have chosen this vocation for a variety of reasons other than that of following what they have discerned as God’s Will. If this were to be the case, then there would be clergy who were under a great deal of stress, who did not have the sense of being called to service and who did not incorporate spiritual practices into their daily lives.

Numerous patriarchs of the Bible received such a calling which brought them into service from a variety of other vocations; however, these individuals often received very direct messages from God regarding their courses in life. Moses was a shepherd caring for his father-in-law's herd when he was called by God through a burning bush to deliver the Israelites from captivity in Egypt (Exodus 3:1-12, NIV). King David was a shepherd boy when he was anointed and told that he would be king over Israel (I Sam. 16:12-13, NIV). The disciples of Jesus left their various vocations and followed Jesus immediately upon his "call" to them. Paul was a religious leader in the Jewish faith when he was confronted by Jesus directly while on his way to Damascus, where he was going to persecute more Christians. Jesus asked him why he was persecuting his followers and blinded him as a sign of his power and "called" him into Christian ministry (Acts 9:1-19). Although many clergy might not have had a dramatic encounter with God in the same manner as the aforementioned patriarchs, most pastors stated that there was a sense that God has called them or set them aside to engage in the ordained ministry.

This study did not take into consideration the concept of vocational choice and practice as a "calling from God", which might have an impact on the variables of stress, self-care, and spirituality. Christopherson (1994) discussed the "call" in the following manner: "...in the midst of discussions about professional goals, clergy talk about an inner voice that calls them to do what is right. They blend the language of accomplishment with the language of ascription, obligation, and service" (p. 233). He elaborated on this concept by suggesting that people who are called into ministry are dedicated to service, deeply involved in their community, and enveloped in their work in a manner that transcended self-interest and, instead, approached God's purposes. Scott

(2007) echoed these sentiments by suggesting that prior to deciding their life's interests, Christians must listen to God's will for them. She indicated that this sense of calling, no matter what the vocation, meant dedicating oneself to a life of service to others. In an exploratory study, Scott (2007) interviewed 23 university students who identified themselves as Christians and asked them about their experiences regarding God's call to them. The results indicated that the sense of "calling" was intensely personal and involved surrendering to a higher and often mysterious authority. The students also commented that they felt they were called into some type of service to others.

This sense of commitment through a "calling" transcends vocational boundaries and applies to both clergy and laity alike. Hartnett and Kline (2005) studied what some Christians referred to as the "call to teach" and the guilt that people of faith felt when they left that vocation. When expectations for teaching did not match the reality of classroom conditions, some instructors questioned their ability to discern God's will for their lives, and others became disillusioned with their faith. Hartnett and Kline (2005) concluded that a call to a particular profession may have been erroneous, mistaking it for a call to experience a close and meaningful relationship with God. While researching the call to ministry among clergywomen, Shehan, Wiggins, and Cody-Rydzewski (2007) found that these individuals demonstrated a moderate level of dedication to their vocations, a high level of job satisfaction, and some symptoms of low-degree depression. These researchers noted that for clergy, a sense of religious calling permeated all aspects of life and resulted in high commitments to their vocations. However, it was this high level of commitment and sense of purpose through being called by God to this vocation that resulted in depressive indicators because of the "...pressure to succeed in

circumstances that are extraordinarily demanding but produce few external rewards” (Shehan, et al. 2007, p. 641). Their conclusions were that clergy often entered the profession because of an inner sense of calling rather than following a distinct career path supported through vocational counseling. As a result, clergy were often not prepared for the harsh realities of parish ministry that might involve long hours, lack of external support, and few extrinsic rewards.

In seminary, there was little preparation for the demands and crises that clergy encounter in parish ministry. In some institutions, those preparing for the ordained parish ministry were required to enroll in only one survey course on theories of pastoral counseling. As a result, those entering the field were ill-prepared to provide, effectively, the support necessary when they have had to handle the call that someone has just committed suicide or that a couple’s marriage was near divorce. Seminarians were trained to provide an exposition of a Bible passage or to prepare a homily, not to handle a crisis. When clergy are placed in situations for which they have not been adequately prepared, stress can become unmanageable.

Although not speaking directly to these same issues, Meek, et al. (2003) discovered that pastors often felt isolated from others because of their positions and because of a sense of calling to the ordained ministry. These clergy seemed “...to find great strength in the notion that despite their own failings and apprehensions, God is propelling them forward and will honor His promise to sustain them” (p. 344). This indicated that the sense of a calling to the ordained ministry rather than a spiritual maturity gave clergy a sense of purpose or mission which mitigated the effects of isolation and stress. This sense of calling might be different from receiving spiritual

direction and support from God. There were only 2 items on the SAI (items # 19, “I am aware of God attending to me in times of need,” and #30, “I am aware of God’s presence in time of need”) that were concerned with this notion that God was present to provide support for them during difficult times. However, there were no items in any of the survey instruments that focused on the clergy’s sense of calling from God to be involved in their vocations.

This research was also expected to find a relationship between people who entered the ministry as a second career and their dissatisfaction with pay and benefits; however, this finding did not occur. Lincoln (2006) cited the fact that the median compensation package for clergy in 2000 was \$40,000. At that time, this level of salary would not be able to support a student loan of more than \$26,300 at 4% interest over 10 years. Lincoln (2006) noted that by 2001, 21% of seminary graduates had borrowed at least \$30,000. Even though clergy felt called into ordained ministry, the financial reality was that income often did not meet financial needs. A person who entered ordained ministry as a second career would have had fewer years to work and pay off educational debt. Another consideration was that newly ordained clergy were often called to smaller congregations which did not have the financial resources to pay them adequately (“Ministry Needs”, 2000).

An examination of the demographic data when attempting to understand the findings regarding second career and pay might shed some light on the findings of this research. Of the total respondents, 67% had been in the ordained ministry for 20 years or more and 76% were age 51 or older. Theoretically, as people age they become financially more stable. A large portion of the sample had been in the ministry for an extended time,

indicating that they had learned to cope in some manner with their pay and benefits. For some clergy, the lack of a suitable financial package might have necessitated that their spouses contribute financially, that they learn to live within a strict budget, that they seek additional income through outside sources, or seek upward mobility within the church hierarchy to increase earning potential. For others, the calling to the ordained ministry might have been a calling to an austere lifestyle, based on Jesus' call to the disciples to leave their vocations and to enter ministry with "only the clothes on their backs" (Matt. 10:9-10, NIV). In order to expand on this notion of denying material possessions, Jesus told a rich young man that he needed to give away all of his wealth and follow Him in order to gain eternal life (Matt. 19:16-22). The concept was that attaining material possessions could be a roadblock to gaining spiritual maturity because it caused the believer to lose focus on spiritual matters. Typically, clergy have been underpaid for their levels of education, years of service, and expertise; however, many have adapted to this lifestyle as part of their calling to ministry. In a study of 189 ordained United Methodist clergywomen, Shehan et al. (2007) indicated that the two main areas of dissatisfaction were the time demands and low pay. Almost half (46%) of the respondents stated that their salaries were unsatisfactory, and approximately two-thirds (67%) stated that they were unable to accomplish all of their work even though they allotted at least 50 hours to their work week (Shehan, et al, 2007).

The fourth hypothesis suggested that male clergy would experience higher levels of stress than female clergy as a consequence of the higher levels of social support received by female clergy (Mueller, 1999). According to Jones et al. (2004), male Anglican clergy scored higher than their female counterparts on the EPP, suggesting

higher anxiety for male clergy. Alternatively, Birk et al. (2001) noted that not only do female clergy have to cope with the same stressors as their male equivalents, but that they also have to manage conflicts and biases that stem from being a woman in a male-dominated vocation. Twenty-five percent of the current sample was female, which was sufficient to gain statistically significant findings; however, the current research did not replicate previous studies that found a significant difference in stress levels between male and female clergy. One explanation of this finding was that both male and female clergy faced similar levels of stress as a result of being in the ordained ministry. Evers and Tomic (2003) found that both genders were equal, in their jeopardy of becoming burned out in their ministry. Even though both genders confronted stressors in their vocations, the stressors might have been different.

Although the Church has entered the 21st century, many members continue to operate on a “traditional value system.” Male clergy are expected to be “strong” for their parishioners, providing leadership, spiritual direction during times of crisis, and strength of conviction when facing spiritual challenges. Female clergy, although expected to provide leadership in a similar manner, are permitted to be more vulnerable and receive greater social support than their male counterparts.

This traditional viewpoint of the role of women in society in general, and in the church in particular, stemmed from Jewish culture at the time when the books of the New Testament were written. Although Jesus did a great deal to challenge the established Jewish authority (Matt. 21:12-13, NIV) and elevate the position of women (John 4:7-28, NIV), he still had to work within the confines of the prevailing culture. Women were not permitted to worship in the synagogue and did not hold positions of authority. Women

were often treated as property and could be divorced by a simple public proclamation from their husbands (Matt. 19:7-9, NIV). Jesus called 12 men to be his disciples (Mark 3:16-19, NIV). This view of women has continued into today's culture in the United States. It is this culture of discrimination against which clergy women battle in church.

In some ways the Church has paralleled patterns of gender discrimination that were found in the secular realm. During 2006 in the geographical area being studied, two of the seven top administrative positions were held by women. Regardless of prior accomplishments, female clergy are greeted with reservation and sometimes with disdain by congregations simply because of their gender. This understanding of stressors confronting both genders would explain the lack of statistically significant differences in the current research.

This study was also expected to find a relationship between clergy who had a spouse contributing financially to household income and lower stress levels. With two incomes supporting the household, it was thought that low levels of clergy pay would have less impact on clergy's stress level. There were no significant findings in this area. Frame and Shehan (1994) discovered that relocation of clergy husbands had a negative impact on spouses' career paths, resulting in higher levels of dissatisfaction with their husbands' vocations. This indicated that possibility that spousal employment, especially if the spouse has a developed career path, might create more stress for clergy rather than moderate stress. In addition, clergy might have felt "stuck" in their current parish because of the difficulty that their spouses would encounter in seeking employment in a new location.

Research conducted by Morris and Blanton (1994) might shed some additional light on the findings in the current study. Their research noted a number of stressors on clergy and on their families including poor financial compensation, time demands made by outside sources, intrusion into family boundaries, and lack of adequate social support. These stressors from the clergy's vocation placed a strain on intrafamilial relationships in a manner that was similar to that of executive families. Clergy worked long hours and received financial compensation that was not commensurate with their levels of education and effort. Sources outside of the immediate family placed demands on clergy's time. There was an expectation that clergy would be available to their congregants constantly. Because of the time that was required by outside sources for the vocation, clergy were unable to spend quality time with their family members. Additionally, clergy did not have adequate social support systems through friends who were not involved in some way with their vocation. Morris and Blanton (1994) found that it was the combination of these stressors rather than each stressor taken individually that had a deleterious effect on clergy. Their findings supported the notion that concentrating on only one aspect of clergy stress, financial support from a spouse, would not yield the sought after results.

The data supported the relationship between self-care and perceived stress levels; however, there were no significant findings for any of the remaining four hypotheses. These findings of a relationship between these two variables have replicated previous research in burnout among clergy and in other professions; however, it is important to take a proactive approach and ascertain factors that mediate the self care-stress relationship.

Recommendations for Clergy

The data from the current research seems to suggest that clergy would benefit from learning and practicing self-care strategies. These skills could be taught on two levels: initially, to students attending seminary to handle the academic and professional rigors of their advanced education; and second, to pastors in the parish ministry to cope effectively with the stressors they encounter.

A suitable model for a program to be offered during graduate training would be the Stress Management Program (SMP) cited in Redwood and Pollak's (2007) article on stress and first-year medical students. Redwood and Pollak (2007) conducted research compiling data from 1,111 participants in 16 annual presentations of the Stress Management Program at Oklahoma State University Center for Health Sciences. One of the outcomes of this data indicated that 68% of the respondents in Redwood and Pollak's (2007) study were able to handle the stressors of medical school more effectively. The SMP included some important components that led to its success; among these were the facts that it was student-led by second-year students, the immediacy of leaders' experiences as first-year students, the small-group format, and validation of stress management by faculty, that led to its success (Redwood & Pollak, 2007). Based on the SMP template, mental health professionals could develop a similar program for first-year seminary students who are making the difficult transitions from their undergraduate schools or from a previous, unrelated career.

Group leaders should be trained in leadership skills and group dynamics, learn how to facilitate groups, be taught good listening skills, and develop empathic competence. Leaders should be given additional resources so that they can knowledgeably

refer group members who might need specialized help in areas not covered in the group. Group sessions would focus on how to prepare students to deal with the stresses that accompany their chosen educational paths. Group leaders can address such topics as how to build relationships with others, how to develop a peer support group, the effects of stress on various life areas, ways to develop resilience (Phillips, 2008), ways to engage in self-care practices, and ways to develop conflict resolution skills (Redwood & Pollak, 2007). The seminary groups would also utilize the concepts from cognitive behavioral therapy to educate students regarding the power of their beliefs and how to restructure them into positive, edifying thoughts.

The second level of education and support would focus on clergy who are already in parish ministry. As in many other vocations, continuing education is a vital part of professional growth, helping individuals in the field to enhance their skills and remain current in the field. Seminars can be offered to clergy, ranging from teaching specific techniques such as mindfulness, meditation, and cognitive reframing to understanding how to care for oneself, resilience, positive psychology, and crisis intervention. It is important that these workshops include a component of small group work to enable pastors to engage with one another and build relationships with others. Although these seminars will focus on issues relevant to clergy, it would be important to include other professionals from outside of the ordained ministry; this would facilitate the clergy developing supportive relationships beyond their field.

It is critical that the Lutheran Church hierarchy support clergy in their endeavors to care for themselves properly. This support would include monitoring clergy to ensure that they are taking the needed time away from their duties, facilitating the development

of workshops geared toward self-care, and promoting small groups that facilitate sharing and developing healthy habits.

Study Limitations

The sample being used was a homogeneous group of Lutheran clergy from the northeastern region of the United States; therefore the study's external validity is extremely limited. The sample was self-selected, with clergy ages 51 and older making up 76% of the respondents. Of the clergy who responded to the survey, 67% had been in the ministry a minimum of 20 years, resulting in a study skewed toward a later life-span cohort who had been in the ordained ministry for a number of years. It might be hypothesized that this subgroup of respondents has learned to cope effectively with the stressors of their vocations in ways other than positive self-care and spiritual maturity in order to have remained in the ordained ministry for this extended time period.

Although the study of this group has yielded some useful information regarding the relationship between self-care and stress, it has restricted the generalizability of the research to other Lutheran clergy and religious leaders of other Christian denominations. Additionally, this research was being viewed from a Judeo-Christian perspective and did not take into consideration religious practices from other faiths outside of the Judeo-Christian beliefs. It was outside of the scope of this study to determine whether or not expectations, practices, and stressors impacted on religious leaders of other faiths in the same way they would on this sample of Lutheran clergy.

Sample size and homogeneity of the sample may have affected the outcome of this research. Although considered a relatively good response rate of 28% (115 usable sets of data out of 410 clergy invited to participate in this research), the sample size was

relatively small. Because of this sample size, there may not have been enough points to ascertain a meaningful regression line when viewing the various factors in this study.

When examining the outcomes of this research, one must also turn to the instruments themselves to posit possible reasons why the results did not come about as hypothesized. The SAI and ASSET were chosen because of the validity and reliability as well as the brevity of the instruments. Clergy are inundated with numerous daily requirements upon their time and asking them to complete lengthy questionnaires would have placed an undue burden on them, resulting in a lower rate of return. These instruments were designed to be completed in a short time period, to be clear in their verbiage, and be easy to score. Because there were no testing instruments to measure clergy self-care practices, the CSC was developed for this study as a means of gathering data related to support systems, to chronic illness, to spiritual practices, and to physical care. As the study suggests, total scores on the CSC and ASSET were mildly, negatively correlated.

Although ASSET is a valid and reliable screening instrument for stress, the heart of information regarding the organization was concerned with receiving support from and being valued by the organization. ASSET did not attempt to measure the construct of a “calling from God,” which was understandable, because ASSET was developed for organizations that employed individuals who were involved in vocations such as company management and educational leadership rather than parish ministry. Although the CSC was more closely focused on issues related specifically to the clergy, it did not include any items that might have focused on the construct of the clergyperson’s sense of calling.

ASSET had been normed only on subjects from the United Kingdom, and the researchers have not used clergy as subjects; consequently, when looking at this in retrospect, it might not have been an appropriate instrument for ascertaining stress levels for United States clergy. This screening tool was chosen for this study because of its brevity and reliability. ASSET had a great deal of data that support its construct validity with other stress measurement tools of greater length. Some clergy wrote comments on ASSET, stating that they noticed differences regarding spelling and wording from instruments prepared the United States.

Unlike many other professions, the command structure in the church is often confusing and ambiguous. One statement in ASSET was “My boss behaves in an intimidating and bullying way toward me.” As one clergy pointed out, there might be many conceivable “bosses” within the church, including but not limited to the church board, synod staff, and God. Working hours and expectations of clergy were also not specific, leading to role ambiguity. ASSET was designed to be a screening tool within business and education, wherein there is a clear delineation of hierarchy and clear performance standards.

Regarding the SAI, which was developed for the general population, was the concern that it might not be an instrument sensitive enough to ascertain significant differences among clergy. Although this might not have measured the construct that was needed for this research, the total scores on the SAI were distributed normally and ranged from a low of 94 to a high of 206; therefore, there did not appear to be any issues with the construct validity of the measure itself. Along a similar vein, Birk, Rayburn, and Richmond (2001) pointed out that clergy are trained to care for others, often while

neglecting their own needs. When this phenomenon is joined with the concept that clergy were not permitted to show any signs of vulnerability due to fear that their employment might be called into question because they are less than “perfect,” clergy might not have been forthcoming with feelings of spiritual immaturity. These two issues might have accounted for the lack of statistically significant findings when examining the relationship of spirituality and stress among clergy.

A final consideration regarding the lack of significant findings may have been possible cultural differences between individuals living in the United Kingdom and individuals living in the United States. Even though this may not have presented an issue for the current research in this study, it was possible that there were some factors related to work performance and expectations inherent in subjects from Great Britain that were not present in individuals in the United States. Some of the information Cartwright and Cooper (2002) asked of their subjects regarding the practices and expectations of workers in other fields may not have the same application to clergy. Examples of this would include, “I work unsociable hours e.g. weekends, shift work, etc.,” and “My physical working conditions are unpleasant (e.g. noisy, dirty, poorly designed).” In the qualitative data gathered by Shehan et al. (2007), a number of clergywomen indicated that their work on a Sunday created a problem for their family lives. Clergy are aware that they work weekends and through hours that might be considered “unsociable” by many, and because much of their work takes them outside of the physical church building, it is difficult to categorize physical working conditions.

Future Considerations

It is important to continue research in this area of clergy self-care, spirituality, and stress. Most of the research prior to this study has focused on independent variables that might lead to burnout; however, by the time the pastor has reached a point of mental and physical exhaustion and detachment, it is too late for remediation. At the point of burnout, clergy may act out in self-destructive ways that can damage themselves, their families, and the congregations they serve (Meek, et al., 2004; Thoburn & Whitman, 2004; Haug, 1999; Davies, 2003; Celeste, et al., 1995; Birchard, 2000). Other studies have concentrated on what might be considered better working conditions, higher pay, and increased support. Mueller & McDuff found that clergy that gain happiness from working in settings that provide autonomy and professional growth (2002), which seemed to refute this notion of higher pay and increased support leading to decreased stress. If the church is to survive and to be able to meet the needs of congregants in our society, it will be crucial to identify the stressors and moderators of stress that will enable the leaders who enter this profession to be healthy. Longevity in a vocation is not sufficient in order for the clergy and those whom they serve to grow emotionally and spiritually. Positive self-care practices, high levels of spiritual commitment, a sense of purpose (calling), and identifying the stressors that lead to increased stress levels are crucial. Additional research needs to be conducted in finding instruments that are specific to clergy in order to screen accurately for needed self-care practices, discern levels of spirituality for clergy that are separate from their vocations, and measure intensities of stress.

A second area for further research would be to continue to develop the CSC. The CSC has not been tested outside of this study but did meet with some limited success in demonstrating a small inverse relationship between clergy self-care and their perceived stress levels. This self-care instrument was based on the biopsychosocial model, observing support systems, illness, spiritual practices, physical and mental self-care. Further research needs to be completed to craft a reliable and valid screening instrument that will help identify in clergy, areas of strength and necessary areas for growth. Line item analysis and testing of construct validity with other established instruments that measure self-care will be necessary to prepare this tool for further use.

This research has highlighted the importance of clergy self-care as a means of remediating stress. It is important for the Lutheran Church to provide the proper training, support and leadership to help clergy cope with the specialized stressors in their profession. The CSC can be an effective screening tool to ascertain clergy levels of self-care and identify areas of improvement. Although future research should explore even further, the relationship of spirituality with self-care and stress, an instrument which more finely discriminates levels of spirituality should be used.

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Appendix A

Clergy Self-Care Practices

Please endorse the following statements regarding your self-care practices.

1. I exercise (times per week)

0 1-3 4-5 6-7

2. Number of days taken off from work each week:

0 1 2 more than 2

3. Number of days taken yearly for vacation (excluding regularly scheduled days off per week)

0-4 5-9 10-14 15-19 20-24 25+

. Please place a check mark in the box that indicates your level of support from each of the following support systems (answer only those that apply to you):

The Following Support Me:	Not at all	Sometimes	Often	Always
Partner				
Immediate Family				
Extended Family				
Close Friends				
Colleagues				
Mutual Ministry Committee				
Congregation				
Bishop / Church Administrators				
Counseling				

5. Please rate your physical health:

	Not at all	Sometimes	Often	Always
In the past year I have been ill				
In the past 5 years I have been ill				
I have suffered from chronic illness				

6. I engage in the following personal spiritual practices (Please check box)

	Not at all	Sometimes	Often	Always
Personal prayer				
Reading Scriptures				
Spiritual reading				
Talking with others about spiritual matters				
Retreats				
Meditation				
Visiting religious places				

7. In church activities outside of your local congregation, do you find your participation in these activities satisfying? (Please check box)

Not at all	Sometimes	Often	Always

8. I engage in the following self-care practices (check all that apply)

	Not at all	Sometimes	Often	Always
7-8 hours of sleep				
Exercise				
Reading for pleasure				
Taking time off from duties				
Eating healthy, well-balanced meals				
Eating only until satisfied				
Taking vitamins				
Taking time to relax				
Engaging in leisurely pursuits				
Spending positive time with family / friends				
Personal counseling / Meet with mentor				
Wellness physical exam				

Appendix B
Clergy Questionnaire

Instructions:

Please respond to each question below by circling the answer that best fits your current situation.

1. How many times have you moved during your ministry?

1 2-3 4-5 more than 5

2. If you are in a relationship, how much does your partner contribute financially to your budget?

Not applicable less than 20% 20%-39% 40%-59% 60%-79% more than 80%

3. Please rate your level of satisfaction with the following items

Level of Satisfaction	Completely Dissatisfied	Satisfied Some of the Time	Satisfied Most of the Time	Satisfied All of the Time
Personal finances				
Pastor's salary				
Pastor's formal benefits				

4. Please indicate current level of debt:

less than \$5000 \$5000-\$9,999 \$10,000-\$19,999 20,000+

5. Number of years in the ordained ministry

less than 5 5-9 10-14 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50+

6. Age at ordination _____

7. If the ordained ministry is not your first vocation, your previous vocation was

_____ please fill in

8. How many years were you in your first vocation?

less than 5 5-9 10-14 15-19 20+

9. Size of current congregation (active membership)

less than 200 200-499 500-799 800-1199 1200+

10. If you are involved in staff ministry, your position is

senior pastor assistant pastor youth pastor visitation pastor pastor emeritus
 interim pastor synodically authorized lay minister (SALM)

11. If you are involved in staff ministry, please rate your level of satisfaction.

Level of Satisfaction	Completely Dissatisfied	Satisfied Some of the Time	Satisfied Most of the Time	Satisfied All of the Time
My participation in Staff Ministry				
My relationship with other staff members				

12. Average age of membership

20's 30's 40's 50's 60's 70's+

13. Setting of church

urban suburban rural

14. Average number of miles driven per week for your ministry

less than 100 100-299 300-499 500+

15. Current operating expenses

less than \$50,000 \$50,000-\$99,999 \$100,000-\$199,999 \$200,000-299,999
 \$300,000-\$399,999 \$400,000-499,000 \$500,000+

16. Average number of hours worked weekly

less than 20 20-29 30-39 40-49 50-59 60-69 70+

17. Average hours spent in counseling per week (includes grief, premarital, marital/couples, and individual)

less than 5 5-9 10-14 15+

18. How many graduate courses have you had in counseling?

_____ please indicate number

Appendix C

Table 1

Age of Ordained Pastors Serving Congregations

Congregation Size (Active Membership)

Age of Pastor	Less than 200	200-499	500-799	800-1199	1200+
21-30	0	2	0	0	0
31-40	3	3	2	0	0
41-50	6	9	1	2	0
51-60	6	17	12	3	5
60+	9	8	5	2	2

This table shows the distribution of ordained Lutheran Clergy based on age of pastor and congregation size. Missing data for 13 subjects.

Table 2

Age of Ordained Pastors and Length of Service

Length of Service (Years in Ordained Ministry)

Age of Pastor	Less than 5	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
21-30	1	0	0	0	0	0	0	0	0
31-40	2	4	1	1	0	0	0	0	0
41-50	3	4	1	2	9	0	0	0	0
51-60	2	5	2	3	4	18	21	1	0
60+	0	1	2	4	0	2	2	6	14

This table shows the distribution of ordained Lutheran clergy based on age and length of service in the ordained ministry.

Table 5

Correlation Matrix

	SAI Total	CSC Total	Gender	Years in Min	First Voc	Spouse Fin	Stress
SAI Total	1.00						
CSC Total	.162	1.00					
Gender	.055	.014	1.00				
Year in Min	-.153	.059	-.423	1.00			
First Vo	.015	.048	.371	-.632	1.00		
Spouse Fin	.033	.225	.062	-.129	.265	1.00	
Stress	.102	-.251*	-.029	-.258	.040	-.045	1.00

*Statistically significant findings $p < .05$

Note: The scales are: SAI = Spiritual Assessment Inventory; CSC = Clergy Self-Care Questionnaire; First Voc = Ministry as First Vocation; Spouse Fin = Spouse Contributes to Household Income

Appendix E

Table 6

Descriptive Statistics – Means and Standard Deviations

	Mean	Standard Deviation	Number
SAI Total	146.063	23.846	112
CSC Total	51.589	10.437	112
Stress	139.482	34.333	112

Note: The scales are: SAI = Spiritual Assessment Inventory; CSC = Clergy Self-Care Questionnaire; Yr Min = Years in Ministry; Spouse Fin = Spouse Contributes to Household Income

Appendix F



EVANGELICAL LUTHERAN CHURCH IN AMERICA

October 22, 2008

Dear Colleagues in Ministry,

In November 2007 you received a letter from the bishop's office inviting you to participate in a doctoral dissertation study by Mr. David Brant, MS, LPC. As Mr. Brant's research continues, he has asked if the invitation might be extended again to the clergy of our synod.

Mr. Brant, a member of Zion Lutheran Church, Perry Township, is a pre-doctoral student in clinical psychology at the Philadelphia College of Osteopathic Medicine. He is researching the relationship between the level of stress experienced by the clergy and their regimen of self-care, obviously a topic of some significance to us who are called to the ministry of Word and Sacrament.

Your participation, of course, is voluntary, and all information he collects will be completely anonymous. He anticipates that you will be able to complete all three questionnaires in approximately 25 minutes.

Looking forward to your participation and to sharing with you the results of this important study, we are

Sincerely yours,

Samuel R. Zeiser, Bishop

David W. Brant, MS, LPC