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The weight of the yoke: a qualitative analysis of the stressors for clergy across a mental health continuum

Logan Tice[a], Glaucia Salgado[a], Erin Johnston[b], Barbara Nascimento[a], Jane Lee Bo-Hyeong[a], Rae Jean Proeschold-Bell [a] and David Eagle[a,b]

[a]Duke Global Health Institute, Duke University, Durham, USA; [b]Department of Sociology, Duke University, Durham, USA

ABSTRACT

Healthy clergy serve as the cornerstone of thriving congregations and, by extension, healthier communities. However, the multifaced working responsibilities combined with a deep sense of responsibility to one's sacred call can produce a cascade of sources of stress that are not always taken into consideration when assessing ways to support clergy. Using data from the Clergy Health Initiative Longitudinal Survey (CHILS) and in-depth interviews from the Reflections in Ministry project, we categorise clergy into four groups – Flourishing, Burdened but Fulfilled, Languishing, and Distressed. We further explore each mental health profile group, examining the sources of stress experienced by United Methodist clergy. This analysis offers a nuanced understanding of clergy mental health experiences. Findings assist with demystifying approaches to promote clergy well-being, ultimately supporting their mental health and their vital roles in community leadership.

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Introduction

Healthy clergy are the foundation of thriving congregations and, by extension, healthier communities (Hays & Costello, 2023; Odukoya et al., 2023). Clergy must balance their sacred call to ministry and pursuing achievements often observed in a secular professional context, such as complex roles (e.g., leadership, mental healthcare support), tasks, and expectations (Fugar, 2007; Leavey et al., 2007). Accompanied by this dynamic interplay between their calling and secular aspects of their profession, clergy experience great meaning from serving God and others, but with such strong values, in the face of disappointments, may simultaneously be susceptible to certain negative mental health outcomes (Eagle et al., 2018; Hybels et al., 2020; Lewis et al., 2007). This mixture of positive and negative aspects of work raises questions about how to sustain positive mental health and flourishing in ministry (Edwards et al., 2022). Fostering the

CONTACT Logan Tice logan.tice@duke.edu
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holistic well-being of clergy is important not only to clergy themselves but also to fostering vibrant and thriving communities (Baruth et al., 2015).

While many studies emphasise only mental distress or only positive mental health, a more nuanced understanding is provided by the dual-continua model of mental health (Iasiello et al., 2020). This model offers a set of indicators of positive mental health, much in the same way that the Diagnostic and Statistical Manual (American Psychiatric Association, 2013) used by psychologists and psychiatrists proposes a set of indicators for major depressive disorder or generalised anxiety disorder. For the positive continuum, Ryff and Keyes (1995) propose a combination of emotional (e.g., happy, satisfied), psychological (e.g., growing as a person, having warm and trusting relationships), and social (e.g., feeling that one belongs to a community, feeling like one is making a difference in society) indicators of positive mental health. Individuals can experience positive mental health indicators on a continuum from low to high; individuals with high levels of emotional, psychological, and social well-being are categorised as flourishing, those with moderate levels are categorised as having moderate mental health, and those with low levels are categorised as languishing.

A key aspect of the dual mental health continua model is that it is possible to have any of these levels of positive mental health while simultaneously having a degree of mental distress (Keyes, 2005, 2007; Westerhof & Keyes, 2010). For example, an individual with panic disorder may nonetheless be flourishing, that is, have high levels of emotional, psychological, and social well-being. An individual with languishing mental health – the absence of positive emotions, warm and trusting relationships, and belonging to a community – may fall anywhere on a continuum of mental distress, from low levels of distress symptoms to high levels (Keyes, 2002). Thus, whether or not an individual has a mental illness diagnosis, they might experience flourishing or languishing mental health, and these states determine an individual's functional and adaptive state, with flourishing – which implies low levels of mental distress – considered optimal mental health (Keyes, 2005).

Flourishing mental health provides benefits to individuals, acting as a potential protective factor against chronic conditions and limitations in daily activities (Keyes, 2005). Flourishing mental health also offers benefits to society. For example, individuals with high positive mental health, even if they simultaneously have moderate or high levels of mental distress, have better work and romantic relationship outcomes (Braithwaite & Holt-Lunstad, 2017; Keyes, 2002).

Work can be an important dimension in the dual-continua model. Experiencing workplace stress is associated with burnout, which in turn increases individuals' vulnerability to mental distress, such as depression and anxiety (Koutsimani et al., 2019; Theorell et al., 2015; Wissing et al., 2021). The resources available in specific contexts, such as workplace settings, can also influence an individual's mental health (Luria & Torjman, 2009). Clergy view their work as deeply meaningful and intricately connected to their lives and identities, making it relevant to positive mental health (Pargament & Mahoney, 2005; Proeschold-Bell & Byassee, 2018; Terry & Cunningham, 2020).

Previous research has dichotomised mental health into either positive mental health or mental distress with scant study of the individuals who exhibit a mix of those two continua. Most notably, Keyes (2005) has proposed that flourishers and individuals with a lack of positive mental health may not represent homogenous groups, implying the potential

existence of additional mental health states. A recent study by Lee et al. (2024) identified additional mental health states for clergy by using latent class analysis with a mix of positive mental health and mental distress measures. The shared variance among individuals indicated four distinct subgroups, which the authors called Flourishing, Distressed, Languishing, and Burdened but Fulfilled. The first group – Flourishing pastors – consisted of clergy who were most likely to report having minimal depressive and anxiety symptoms and high levels of positive mental health. This group was also least likely to experience symptoms of burnout, with levels of low emotional exhaustion, low depersonalisation, and relatively high personal accomplishment. The second group – Distressed pastors – had elevated depressive and anxiety symptoms and low levels of positive mental health. This group was also most likely to experience higher levels of burnout, including high levels of emotional exhaustion and depersonalisation and low levels of personal accomplishment.

Notably, this study identified two additional subgroups of clergy with moderate levels of mental health. One moderate group, referred to as Languishing pastors, consisted of clergy with mild depressive and anxiety symptoms and moderate levels of positive mental health. This group was likely to experience moderate levels of emotional exhaustion and moderate levels of depersonalisation, although they had similar levels of low personal accomplishment as Distressed pastors. The final group, identified as Burdened but Fulfilled, represents another subset of pastors with moderate mental health. Much like Languishing pastors, Burdened but Fulfilled pastors were likely to experience mild depressive and anxiety symptoms, moderate levels of emotional exhaustion, and moderate levels of depersonalisation. However, Burdened but Fulfilled pastors showed relatively higher levels of positive mental health and high personal accomplishment, indicating a unique combination of both positive and negative mental health symptoms that set them apart from the other subgroups of clergy. Moreover, the mental health profiles differentially predicted the mental health status of clergy two years later (in the midst of the pandemic, suggesting that having a combination of positive mental health and mental distress is meaningful).

Clergy play a vital role in providing spiritual guidance, emotional support, and community leadership, but this can come at the expense of their own well-being (Proeschold-Bell et al., 2013). The demands of ministry, such as long working hours, balancing personal life and addressing congregational needs, managing pastoral care, dealing with conflicting situations within the church, navigating challenging theological questions, providing administrative tasks, and dealing with criticism and disapproval from congregant members can be overwhelming, making clergy susceptible to stress, burnout, and compassion fatigue (Weaver & Koenig, 2017). Despite their own needs, clergy often prioritise the care of others over themselves, exacerbating the problem. We aim to investigate the complex issues surrounding clergy stress and explore effective well-being practices to support the positive mental health of religious leaders.

In the current study, we take advantage of two data sources that speak to both positive mental health and mental distress: The Clergy Health Initiative Longitudinal Survey (CHILS) and the Reflections in Ministry in-depth interview data of a subset of CHILS survey participants. We follow the lead of Lee et al. (2024) and identify groups of clergies that can be categorised as Flourishing, Burdened but Fulfilled, Languishing, or Distressed and examine the intersection of ministry demands and coping

skills for each group using qualitative data. The study's aim is to provide a nuanced understanding of clergy responses to stressors using self-identified coping strategies and how that relates to their combined positive and distressed mental health profile. Given the invaluable care and guidance clergy consistently provide to their congregants and communities, identifying their sources of stress through dedicated research is essential for crafting effective strategies to bolster their mental health and long-term well-being.

Methods

Participants

This research study utilised in-depth interview data from the Reflections in Ministry Study, conducted with 49 pastors affiliated with the United Methodist Church (UMC). A majority of the participants (80%, $n = 39$) were sampled from respondents to the 2019 Clergy Health Initiative Longitudinal Survey (CHILS), a longitudinal study of United Methodist Church (UMC) clergy in North Carolina. All UMC clergy in North Carolina with current appointments, including recently retired clergy, were invited to participate in an hour-long online survey. The sampling process aimed to ensure diversity in ministerial experiences by purposively sampling clergy based on their tenure in ministry (early career, mid-career, and later career) as well as their appointment status (ordained and locally licensed pastors). Because the CHILS contained a relatively small number of local pastors, an additional ten participants were recruited by reaching out to clergy enrolled in continuing education programmes at a Methodist-affiliated seminary.

Invitations were extended to a total of 134 participants sampled from CHILS. Each potential participant was contacted up to four times before being excluded from further contact. Among the 84 participants who were not interviewed, nine declined participation, three were deemed ineligible, four were unable to be scheduled, and 68 did not respond. Among those recruited through continuing education courses, approximately 150 individuals were contacted, with 14 responding promptly and 10 eventually being interviewed.

Qualitative in-depth interviews were conducted with pastors between June 2020 and January 2021, with all participants providing informed consent prior to their interview. The interviewers, both of whom identified as women and White, underwent training in qualitative interviewing and had no affiliations with the UMC. Interviews were about 60–90 min long and, were conducted either through Zoom or telephone, were recorded and transcribed. The semi-structured interview guide was focused on the major challenges and turning points in the pastor's ministry experience from the beginning of their time working in paid ministry to the present, and it included questions to understand clergy major stressors, coping strategies and social support. Participants received a $25 incentive upon completion of the interview. Ethical approval for all study procedures was obtained from [Duke University] Campus Institutional Review Board, and all participants provided informed consent.

In order to classify clergy participants on the dual-continua of mental health, we used data from the 2021 wave of the CHILS. For this wave, data were collected between August and December 2021. The total number of participants was 1,460, with a response rate of

72%. We limited our analyses to clergy who were engaged in congregational ministry at the time of data collection.

Procedure to classify mental health profiles

We conducted a latent class analysis (LCA) using survey measures from 2021 to identify subgroups among our sample of clergy who experienced similar latent patterns of mental health symptoms including depression, anxiety, burnout, and positive mental health using the Patient Health Questionnaire-8 (PHQ-8) (Kroenke et al., 2009), the Generalised Anxiety Disorder-7 (GAD-7) questionnaire (Spitzer et al., 2006), the Maslach Burnout Inventory (Maslach & Jackson, 1981), and the Mental Health Continuum-Short Form (MHC-SF) (Keyes, 2002), respectively. LCA is a data reduction technique that identifies latent classes (i.e., subgroups of individuals in the population) with distinct patterns of responses to specified survey measures, called indicators (Lanza et al., 2007). Drawing from a model of clergy mental health that was found to be relatively stable across the years 2014–2019 (Lee et al., 2024), we estimated the prevalence of each subgroup in the 2021 sample and subsequently matched the IDs of each subgroup to those within the Reflections Study interview sample. Based on the unique combination of characteristics across the four latent classes, we assigned descriptive names to each subgroup of baseline clergy mental health: Flourishing, Burdened but Fulfilled, Languishing, or Distressed. In additional analyses, we found that all latent subgroups generally have a consistent pattern across the years 2014–2019 as well. These statistical analyses were conducted in SAS 9.4. Missing data across latent class indicators were addressed using maximum likelihood estimation in the LCA model, assuming data are missing at random. For more information, refer to the supplemental materials.

Qualitative data analysis

After data collection, two researchers outside of our team wrote summaries for each interview. A team of three used a grounded theory approach to analyse the data (Charmaz, 2006). The summaries were reviewed by the analyst team for the current study to build a preliminary codebook. Following this process, our team reviewed eight full transcripts randomly selected from each of the four LCA subgroups (54% of the transcripts) and wrote thematic memos exploring emergent initial themes and findings in five key areas: career trajectory challenges/obstacles, relationships, congregations, ordination preparation, policies and finances.

The analysts were blinded to the LCA model categorisation. A codebook was drafted containing nine broad categories and 38 sub-codes. The nine categories were emotions, positive psychological functioning, positive relationship with others, sources of stress, policies, ministry call story, lived experience, personal well-being practices and suggested institutional changes to support well-being. Upon completing coding, the research team met to discuss additional data-driven codes. An additional 36 sub-codes emerged and were applied to all interviews. NVIVO 14® was used as a coding tool. To ensure consistent use of codes, the coding team was trained on operational definitions, how to apply codes/sub-codes and leaving annotations when unsure about code application. An analyst reviewed all annotations (MacQueen et al., 2008). In addition, our team had

regular dialogues to talk about the application of codes and to reach consensus (Kvale & Brinkmann, 2015).

Results

Participants

The Reflections Study interview participants were comprised of 49 United Methodist pastors. They were predominantly White (84%), male (52%), and had an average age of 49 years. Roughly half of them (52%) were ordained elders, while the remaining 48% served as local pastors (i.e., non-ordained clergy licensed to minister to a single church or a set of churches). Approximately one-third of the pastors (32%) were appointed to serve multiple congregations. In comparison to the overall demographics of UMC clergy in the state, the sample exhibited a higher representation of women (46% of the sample were clergywomen, whereas only 32% of all UMC pastors in NC were women), while remaining broadly representative in terms of racial composition and age distribution. See Table 1 for participant demographics.

Qualitative findings

This study aimed to determine the sources of stress typical of and unique to each of the four mental health groups. All four groups had a diverse set of stressors across their lifetime, with no one group seeming to have faced more hardships than the others. In fact,

Table 1. Pastor and congregation demographics.

	Count	Percent
Pastors ($n = 49$)		
Gender		
Female	22	45.0%
Male	26	53.0%
Other Gender	1	2.0%
Career Tenure[a]		
Early Career	16	33.0%
Mid-Career	17	35.0%
Late Career	16	33.0%
Race		
White	42	86.0%
Non-White	7	14.0%
Number of Congregations Currently Served		
One	34	69.0%
Two	11	22.0%
Three	4	8.0%
Congregations ($n = 768$)		
Size[b]		
Fewer than 100 adults in regular attendance	50	74.0%
At least 100 adults in regular attendance	18	26.5%
Location		
Urban	26	38.0%
Rural	42	62.0%

[a]The criteria for career tenure differed between respondents for whom pastoral ministry was their first vs second career. Early career was defined as five or fewer years of experience for all respondents, mid-career was defined as 6–19 years for first career pastors and 6–9 years for second career pastors, and later career was defined as 20+ years of experience for first career pastors and 10+ for second career pastors.

[b]For clergy serving multiple churches, attendance size is given for the largest congregation.

the Flourishing group included pastors who had dealt with extremely stressful situations, including interactions with the criminal justice and mental health crisis systems.

Sources of stress

This study identified four primary sources of stress among clergy, categorised into three tables. These sources comprise (1) professional conflicts (with colleagues and supervisors), (2) personal/family factors, and (3) ministry-specific demands. Notably, conflicts with supervisors were ubiquitous, affecting nearly all participants across four mental health profiles (flourishing, burdened but fulfilled, languishing, and distressed). Supervisors included individuals influencing participants' appointments, such as District Superintendents/Bishops, Senior Pastors, and Members of the Board of Ordained Ministry.

Analysis revealed conflicts with supervisors (coded as DS/Bishop, Senior Pastor, Parishioners assigned to supervisory roles, and Board of Ordained Ministry) as the most frequently cited stressor (Table 2). Upon closer examination, parishioners emerged as the primary source of conflict within each mental health group despite holding the least formal authority. This prevalence may stem from frequent interactions and parishioners' direct impact on clergy's daily ministry. Professional conflicts with colleagues were coded separately, highlighting the distinct nature of these stressors. These findings underscore the significance of interpersonal dynamics in clergy stress, particularly with supervisors and parishioners.

Stressors from Supervisors quotes:

When talking about experiencing stressors with supervisors, participants explained the emotional and practical challenges, particularly in navigating tensions with supervisors while striving to maintain their sense of identity and pastoral authority. Participants explained that,

> People who have been just very […] may disagree with something I say or do, and it's not like everybody disagrees. So, there's dominant voices that everybody listens to and it is kind of feeds doubt, and it even feeds doubt within myself and such. And so, those instances, and there have been a couple so far that have caused me to have obstacles that have slowed me down or redirected my waters a little bit. - Distressed Participant

Another participant reflecting on similar challenges shared:

Table 2. Number of participants in each mental health group who endorse *Professional Conflict* as a source of stress, with categories of whom the conflict was with.

Category	Flourishing ($n = 17$)	Burdened but fulfilled ($n = 10$)	Languishing ($n = 8$)	Distressed ($n = 14$)	Total clergy ($n = 49$)
Colleagues	24% (4)	20% (2)	20% (2)	21% (3)	22% (11)
Supervisors	100% (17)	90% (9)	75% (6)	93% (13)	92% (45)
DS/Bishop	47% (8)	40% (4)	50% (4)	64% (9)	51% (25)
Senior pastor	12% (2)	40% (4)	12% (1)	14% (2)	18% (9)
Parishioner (including SPRC/PPRC)	94% (16)	60% (6)	75% (6)	86% (12)	82% (40)
Board of ordained ministry member	0% (0)	10% (1)	25% (2)	14% (2)	10% (5)

Note 1: As participants may have encountered multiple stressors classified under different child codes, the total number of participants in the parent code does not always match the sum of the child codes.
Note 2: Cells over 60% are shaded to show saliency.

> It was tricky because I was their pastor and also, but at the same time I had to model, I guess […] I don't know. I had to be pastoral without being a doormat or without being […] I had to be strong and firm in dealing with the policies of our preschool and dealing with protecting and serving the teachers along with the family, to both sides, needing to support both. - Languishing Participant

These types of tensions may lead to direct confrontation, requiring individuals to assert their presence while simultaneously striving for a certain level of harmony in ministry. For example, a flourishing participant mentioned having to directly confront a member of the SPRC, saying, "so, I sat down and told him, I'm going to be here for a while. So, let's try and get along."

The distribution of participants across mental health groups who endorsed personal or family stress as a source of stress is presented in Table 3. A notable trend emerged, with family-related stress being the most commonly endorsed source of stress across all mental health groups. Specifically, 73% of the total clergy sample reported family-related stress, with the highest proportion observed among the Burdened but Fulfilled group (90%). This suggests that family-related stress is a pervasive concern among clergy, regardless of their mental health status.

Family stressor quotes:

Family stressor findings highlight the complex emotional experiences of individuals in pastoral roles, revealing how personal and family challenges are often uniquely intertwined with the demands and expectations of ministry, making them distinct from typical family stressors. This often creates profound difficulties in balancing personal life with ministry responsibilities. Participants across all four mental health profiles expressed that,

> There's been so many challenges, and some good. My first appointment, we realized that things were really strained in the family life. So, I was trying to be a perfect new pastor, and a perfect student, and a perfect parent, and the perfect husband. And it was just too much perfection. And things started to come apart. And the first thing to kind of start to come apart was tremendous strain on my relationship with my wife. - Flourishing Participant

> My son was in a debilitating car accident that caused a traumatic brain injury. And my wife and I were told, the week before Easter, that he had a non-survivable accident that, if he lived, he would be in a chronic vegetative state, and we needed to sign a DNR and pull the plug. And I walked around feeling sorry for myself, feeling guilty, and just absolutely, again, mad at God. 'Look, God, I have decided I'm giving my life to you. I'm going to start doing the […] And this is what you give me in return?' - Distressed Participant

Table 3. Number of participants by mental health group who endorse source of stress *Personal or Family Stress*.

Category	Flourishing ($n = 17$)	Burdened but fulfilled ($n = 10$)	Languishing ($n = 8$)	Distressed ($n = 14$)	Total clergy ($n = 49$)
Family	59% (10)	90% (9)	60% (6)	86% (12)	73% (37)
Finances	65% (11)	40% (4)	50% (5)	79% (10)	59% (30)
Health	47% (8)	40% (4)	12% (1)	57% (8)	43% (21)
Mental health	24% (5)	30% (3)	10% (1)	43% (6)	27% (14)
Physical health	24% (4)	20% (2)	10% (1)	36% (5)	24% (12)

Note 1: As participants may have encountered multiple stressors classified under different child codes, the total number of participants in the parent code does not always match the sum of the child codes.
Note 2: Cells over 60% are shaded to show saliency.

> And other really difficult things happened, too. I lost my brother to suicide. My husband is older than I am, and he lost his job, and he's had to go look for another one in his 50s, and then lost […] He had had a store, and it was just[…] Everything was hard. Just everything was hard. – Burned but fulfilled Participant

> I think the balancing of being a student pastor, being a mom, and being a pastor's wife, navigating that there wasn't anybody I knew that was going through that. I don't think I've read a book or seen a resource of how do you survive? How do you survive that? I mean, certainly, I did, and I don't know really. - Languishing Participant

These challenges are not merely personal burdens but are deeply enmeshed with the ministerial role, contributing to an overwhelming environment that makes it exceptionally difficult for clergy to navigate the complexities of their role.

In addition to family-related stress, financial stress was also a significant concern, with 59% of the total clergy sample reporting financial stress. The Distressed group reported the highest proportion of financial stress (79%), followed by the Flourishing group (65%). This finding highlights the importance of financial security in mitigating stress among clergy.

Financial stressors quotes:

Financial hardship experiences were consistently reported by participants, stemming from a combination of factors that are often uniquely exacerbated by or inherent to the ministerial profession. These included entering ministry already burdened by pre-existing financial burdens, the substantial burden of repaying student loan debt (often compounded by extensive seminary education), the distinct financial challenges linked to widowhood within a ministerial context, and the direct impact of salary restructuring. Participants described these experiences by explaining that,

> With our business situation, it's been stressful. When we came into the ministry, we had a business that was failing and got behind on our house payments, so our home was repossessed just before, or actually just after, we got our first appointment. Literally the month after we moved into the parsonage, the bank foreclosed on our house that we had been living in. So, we started off ministry in difficult financial times. It got better over the course of the next 10–12 years slowly. And then we hit this snag with going back to part-time. And so that put us in deep hole that we're still digging out of to some degree. We still got a couple of credit cards with some fairly high balances that that's what got us through. - Flourishing Participant

> Well, sure. Now clergy taxes are extraordinarily high because we're the one profession that's considered self-employed but cannot, but has to have a W-2, which means we all pay exorbitant taxes. Nobody prepared me for that. So, I wish I was in a better financial position. I still have student loans. I'm 64 and I'm still paying off student loans. That's been a hardship. But nothing that can't be negotiated. -Burned but fulfilled Participant

> I am a widow who lost my husband's income, I will probably not be retiring. -Distressed Participant

> The church had so restructured my salary that I couldn't afford to live. So, several times my utilities got cut off and my phone got cut off. I just didn't have any money to pay for it because they had restructured the salary for their benefit, not mine. So, my phone was off. - Languishing Participant

Financial hardships were faced by participants across all mental health profiles, revealing the profound structural, situational, and often long-term financial stress uniquely inherent

to ministry life. These findings underscore that for many clergy, there is a protracted experience of financial insecurity. Unlike typical professions, clergy often navigate specific financial vulnerabilities such as being considered self-employed for tax purposes despite being employed, the lack of uniform pay structures, and the financial implications of living in a parsonage. These unique stressors highlight the need for tailored support.

This is further reinforced by suggestions from clergy themselves, who, in a separate section of our study, frequently proposed programmes such as financial literacy training (as exemplified by the "Burdened but fulfilled" participant's quote regarding a lack of understanding about tax implications), direct debt relief initiatives, and the implementation of a more uniform and equitable pay structure. These suggestions directly reflect the specific and often institutional financial challenges clergy face.

Health Related Stressors:

Health-related stress, including both mental and physical health concerns, was also endorsed by a significant proportion of participants. The Distressed group reported the highest proportion of mental health-related stress (43%), while the Flourishing group reported the lowest proportion (24%). Physical health-related stress was endorsed by a smaller proportion of participants, with the Distressed group reporting the highest proportion (36%). Interestingly, demographic analysis revealed that, on average, Flourishing clergy tended to be older, whereas Distressed clergy tended to be younger. This age difference may contribute to the varying types of health concerns reported by these groups. For instance, older clergy may experience more physical health concerns, while younger clergy may struggle more with mental health-related stress. Overall, the findings presented in Table 3 highlight the importance of addressing personal and family, financial, and health-related stresses in supporting the well-being of clergy.

Mental health quotes:

Participants' experiences with mental health challenges underscored two key points: the chronic trajectory of mental health conditions and, crucially, the unique environmental factors within ministry that contribute to these problems among clergy. The constant demand to occupy and manage multiple roles simultaneously, alongside the recurring pressure to conceal and internalise personal emotions, creates chronic situational pressures. These specific pressures can profoundly undermine clergy well-being, potentially precipitating or exacerbating mental health issues. Across the mental health continuum, participants from diverse profiles shared their lived experiences, vividly illustrating the significant impact of ministerial life on their mental health outcomes.

> I suffer from depression, and I've suffered from it my whole life, from a child to adult. I guess, it just really took its toll in [year redacted]. Working two jobs, going to school and being a pastor. Didn't have a lot of support. I was going to take my life at that time. I ended up calling my therapist and talking to her, and I checked myself into a hospital. I guess I stayed there a couple days, maybe three days or so. I found out that people there were way worse off than me. They were asking me, 'Why are you here? These people really need to be here, you don't need to be here.' - Flourishing Participant

> I go from closing a church in June. I don't go to church again until the next time I show up for my next appointment in. As soon as I walk into that church, it's almost like I had such PTSD that just the mourning process. It just came on like a ton of bricks, because I was having to keep it all together for my people because they were sad, they were mourning, and I had to be the rock. Then I walk in and it was brutal. I was not in a good place, because that's when I

> was actually able to like really deal with the loss of this baby that I had been handed that died because it was just so sick. I mean it was so, so dysfunctional, so toxic. - Burned but fulfilled Participant

> I have a diagnosed anxiety disorder. I was a hot mess some of the time just to be perfectly frank. Upped my meds which I do for every move, and just sort of trusted the process. - Distressed Participant

> I then wrote a letter to the district committee on ordained ministry, and I said, "Hey, I'm not in a mental place to be able to come before you right now," because if they had rejected me again, I would have lashed out and it would have been really ugly and would have ended my career. - Languishing Participant

These struggles suggest that sources of mental health stress are not fleeting, but rather ongoing and deeply impactful, potentially affecting clergy in both their professional and personal lives.

Physical health stressors quotes:

Participants shared experiences of physical health stressors that included a range of serious and chronic conditions, directly revealing a paradox in clergy health. Despite generally not being classified as a vulnerable population based on social determinants like education or healthcare access, clergy narratives documented significant, life-altering illnesses. These conditions imposed substantial challenges in balancing physical health with maintaining a semblance of normalcy. Ultimately, these accounts illustrated how the distinctive demands of ministry, such as extensive working hours, considerable emotional labour, and inadequate self-care, can profoundly compromise physical well-being. This evidence directly challenges assumptions about clergy's inherent resilience or their insulation from broader health disparities. Participants said that,

> The one that most altered everything was when I had the diagnosis of cancer because I had a tumor in each breast, and they were both different from the other. So, and I found it myself. I mean, I knew it was breast cancer. I just had to go through the motion of getting the official diagnosis and all of that. When you get a diagnosis of cancer, it changes everything. And what I did was as soon as I knew, because I found the places and I immediately started with making the appointment for the mammogram, which was not ever do, it was actually time for it, so I made the appointment and I told them what was going on. They made me the first available one they had, and then I filtered everything that I read, everything that I saw, everything that I heard - Flourishing Participant

> But I think I mentioned to you before, that I had the chronic illness for so many years in 1995. That I got sick in 1995 when I was a school counselor. My kids were in fifth and eighth grade and I was, the term that always comes to mind is, I was just struck down with chronic illness, with chronic fatigue syndrome, which lead to another diagnosis of Crohn's disease and then cancer. So, it was just a really difficult time. - Burdened but fulfilled Participant

> I have what's called essential tremor, which is, it looks like Parkinsonism, but it's not. It's caused by a mutated gene, it's usually genetic and it progresses like Parkinson's, but not to the degree of Parkinson's. But over this pandemic, one of the things that agitates it is stress. - Distressed Participant

> I then ended up on a whole raft of medicines. One of them, I did not realize, affected my short-term memory badly. Badly. And I remember going in post-op, and telling the doctor that, "We have a problem. I have read this paper. I know I've read it, because I've highlighted it. But I don't remember reading it." The surgeon said, "Oh, that's anesthesia." I said,

> "Anesthesia? What do you mean, anesthesia?" He says, "Oh, anesthesia makes you stupid." I said, "What do you mean? Have I told you? I'm working on a Master's of Divinity at one of the top five divinity schools on the planet. I can't." I said, "I'm already behind because I'm old". I said, "These young people, their brains don't have as much stuff in them. It's already hard enough for me, and now you're telling me you've made me stupid? This is not going to work." - Languishing Participant

These experiences illustrate the intersections of health, resilience, and emotional burden. They reveal how living with a serious and chronic health condition can diminish a person's sense of control, which ultimately impacts their ability to cope.

Ministry-specific demands were a significant source of stress for clergy across various mental health groups, as presented in Table 4. Notably, political polarisation was the most commonly endorsed source of stress, with 65% of the total clergy sample reporting this concern. The Distressed group reported the highest proportion of stress related to political polarisation (93%), followed by the Burdened but fulfilled group (70%). Some participants expressed frustration over the politicisation of public health measures, particularly mask-wearing during COVID-19, and the emotional toll it takes on their mental health. One Distressed participant said,

> Having a safe place to vent, to be able to get rid of the frustrations that have come and are part of dealing with folks who […] Truly, so many people have politicized this whole thing. They want to make you make people think that it is absolutely all Democrat, liberal, you name it, and therefore the diehard Republicans are absolutely not going to wear a mask. Then you have people that say, "I'm not having government telling me what I can and cannot do," and I'm like, "You wear a seatbelt when you drive?" - Distressed Participant

This finding highlights the challenges clergy face in navigating the complexities of political divisions within their congregations and communities.

Personal isolation was another significant source of stress, with 33% of the total clergy sample endorsing this concern. The Distressed group reported the highest proportion of personal isolation (57%), followed by the Burdened but Fulfilled group (50%). Geographic isolation was also a concern, particularly for the Distressed group (43%). According to the distressed group, there is an interplay of both personal and geographic isolation. One of the distressed participants shared how years spent in rural ministry in a more traditional church setting felt emotionally confining and unfulfilling:

Table 4. Number of participants by mental health group who endorse source of stress *Ministry Specific Demands*.

Category	Flourishing ($n = 17$)	Burdened but fulfilled ($n = 10$)	Languishing ($n = 8$)	Distressed ($n = 14$)	Total clergy ($n = 49$)
Geographic isolation	0% (0)	30% (3)	20% (2)	43% (6)	22% (11)
Personal isolation	12% (2)	50% (5)	20% (2)	57% (8)	33% (17)
Political polarisation	41% (7)	70% (7)	50% (5)	93% (13)	65% (32)
Professional distancing	47% (4)	50% (8)	10% (6)	43% (8)	53% (26)
Decline of church	24% (8)	50% (5)	60% (1)	50% (6)	41% (20)
Questioning faith	24% (4)	50% (5)	60% (6)	50% (7)	45% (22)

Note 1: As participants may have encountered multiple stressors classified under different child codes, the total number of participants in the parent code does not always match the sum of the child codes.
Note 2: Cells over 60% are shaded to show saliency.

> It's like I really love these people, but it just took me a lot to say that for years in rural ministry with a traditional church didn't feel like a trap and that it wasn't very life giving. I didn't feel like I was moving forward in who I'm being made to be. I know that I learned a lot. I know that I grew, but I also recognize that I was really unhappy and really lonely and isolated and that, yeah, it just wasn't for me. – Distressed Participant

In contrast, participants within the Languishing group typically emphasised personal isolation, distinct from the geographic component. "Yeah, I miss having friends."

Professional distancing, decline of the church, and questioning faith were additional ministry-specific demands that contributed to clergy stress. Overall, the findings presented in Table 4 underscore the importance of addressing ministry-specific demands in supporting the well-being of clergy.

Discussion

The qualitative and quantitative findings presented in this study highlight the complex and multifaceted nature of clergy stress. Professional conflicts, particularly with supervisors and parishioners, emerged as a significant source of stress for clergy across various mental health groups. Notably, parishioners were the primary source of conflict within each mental health group despite holding the least formal authority.

The ubiquity of conflicts with supervisors, including District Superintendents/Bishops, Senior Pastors, and Board members, underscores the significance of interpersonal dynamics in clergy stress. The narratives shared by participants provide insight into the emotional toll of these conflicts, with clergy describing feelings of doubt, frustration, and powerlessness. Our initial hypothesis was that Flourishing clergy would show having high level of professional social support from their District Superintends (DS) or Bishops. Instead, we found that their relationships with the DS or Bishops did not reflect equally strong support. Had these relationships demonstrated high levels of support, it might have indicated a strong – albeit complex – dynamic marked by both high conflict and support.

In addition to professional conflicts, personal and family stress, financial stress, and health-related stress were also significant concerns for clergy. Family-related stress was the most commonly endorsed source of stress across all mental health groups, highlighting the importance of supporting clergy in their personal and family lives.

The findings also suggest that ministry-specific demands, such as political polarisation, personal isolation, and professional distancing, contribute to clergy stress. The high proportion of clergy reporting stress related to political polarisation (65%) underscores the challenges of navigating complex social and political issues within congregations.

Demographic analysis revealed an intriguing age distinction between Flourishing and Distressed clergy, with Flourishing clergy tending to be older and Distressed clergy tending to be younger. This age disparity may contribute to differences in the types of stressors and ministry-specific demands experienced by these groups. Specifically, older clergy may face more stress related to the decline of the church and physical health concerns, whereas younger clergy may struggle more with personal isolation, professional distancing, mental health-related stress, and professional conflicts.

These findings suggest intervention implications for clergy and congregants. Ministry work requires a wide range of skills that develop over time. This study found that older

clergy are more likely to be Flourishing than younger clergy and that clergy in more distressed mental health categories named their supervisors and congregants as sources of stress. Mentorship programmes connecting younger to older clergy may prove beneficial, as might regular coaching sessions combined with training in specific areas identified through this study, such as handling conflict. One finding was that increasing political polarisation in the US is being felt by congregants, who bring those perspectives to church and criticise clergy for giving sermons seen as partisan. A number of non-profit organisations are developing programmes to decrease political conflict in congregations. This is a new space that is rapidly developing that may benefit congregations. More generally, stronger communication between clergy and congregants can proactively build trust and may prevent future conflict. Resources for clergy personnel committees have been designed to build healthy communication and trust between clergy and congregants. In addition, supervisors might mitigate stressful situations by facilitating a conversation that aims to better understand clergy differences in opinions, personalities, and approaches to ministry. This approach is essential for fostering an environment where both clergy and supervisors can address misunderstanding, prevent conflicts, and create a harmonious working relationship.

Study findings further pointed out the mental and physical health care needs of clergy, especially those in the mental health groups other than Flourishing. Clergy need resources and time to attend to their mental and physical health, which have a bidirectional relationship (Azevedo Da Silva et al., 2012). It would be helpful for churches to create expectations and structures that support clergy members' time to attend to their mental and physical health, including attending to large medical events when they occur. In fact, clergy personnel committees, lay leaders, and congregational leaders of all kinds can create an environment and expectations for clergy that allow them and their family members to be seen as the fully human, imperfect beings that they are, with lives inside and outside of the congregation. Resources that educate congregations on how clergy spend their time and how to negotiate a set of fair expectations for them, in the midst of so many roles that they could potentially play (Proeschold-Bell & Byassee, 2018), are needed. In addition, with one-third of clergy expressing concern about social isolation, clergy should be encouraged during seminary and in their early ministry years to continue to foster friendships outside of their church appointment and to have hobbies outside of church. A previous study found that clergy with high positive mental health had hobbies (e.g., gardening and art) that they incorporated into sermons and in which they sometimes involved congregants (Case et al., 2020). Ultimately, clergy must be relieved of some expectations to free time up to maintain friendships and hobbies, and clergy must believe that their congregants will be fine if they, as clergy, are not available around the clock.

Overall, the findings of this study emphasise the need for a comprehensive approach to supporting clergy well-being. This approach should address the complex interplay between professional conflicts, personal and family stress, financial stress, health-related stress, and ministry-specific demands. By acknowledging the multifaceted nature of clergy stress, we can work towards creating a more supportive and sustainable ministry environment.

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ORCID

Rae Jean Proeschold-Bell http://orcid.org/0000-0003-2008-3053

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