

Divine Struggles Among Those Doing God’s Work: A Longitudinal Assessment Predicting Depression and Burnout and the Role of Social Support in United Methodist Clergy

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In this study, we examine the role of spiritual struggles among clergy, in the form of “divine struggle” or feelings of alienation from God and their associations with well-being (depressive symptoms and burnout) among clergy. Drawing from a life-stress perspective, we also test whether received and anticipated congregational support moderates these associations. Using two waves of data (2016–2019) of the Clergy Panel Health Survey of United Methodist clergy in North Carolina (n = 1,261), results suggest that it was clergy who increased in divine struggles over time who had the highest depressive symptom and burnout scores. However, clergy who received significant emotional support from members of their congregation were protected from elevated depressive symptoms and greater burnout. Anticipated congregational support only buffered the relationship between increasing divine struggles and one component of burnout (positive achievement). We offer some broader implications for supporting clergy well-being in the face of divine struggles.

Key words: divine struggles; clergy; depressive symptoms; burnout; longitudinal analysis.

INTRODUCTION

A large and vibrant interdisciplinary literature has investigated the links between religious involvement and mental health, focusing attention on depression,

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anxiety, and other affective outcomes (for reviews, see [Koenig et al. 2012](#); [Page et al. 2020](#); [Schieman, Bierman, and Ellison 2013](#)). Although the results are not unequivocal, the weight of existing evidence supports a beneficial effect of religiosity on mental health. While most studies have used community-based or clinical samples of adults, there also exists a small literature on the health of religious clergy ([Ellison et al. 2010](#); [Proeschold-Bell et al. 2013](#); [Weaver et al. 2002](#)). This is a crucial area of study for two reasons. First, the psychological functioning and well-being of clergy has a direct impact on their job performance as well as the quality of their personal life ([Sielaff, Davis, and McNeil 2021](#)). Second, there is perennial concern about clergy burnout ([Hamm and Eagle 2021](#); [Turton and Francis 2007](#)) and a desire to limit attrition among pastors ([Miner 2007](#)).

Extensive research over the past several decades suggests that pastoral work can place substantial demands on clergy ([Ferguson and Packard 2022](#)), which in turn can promote psychological distress. Pastors must often fulfill a number of roles, including as preacher, mentor, caregiver, leader, conflict handler, administrator, social worker, and teacher—among other roles—in their local community ([Kay 2000](#); [Kuhne and Donaldson 1995](#)). Performing these multiple roles can lead to role conflicts ([Kay 2000](#)) or forms of role strain ([Pearlin 1989](#)) since it requires clergy to face the stressors inherent in each type of work. This, in turn, can lead to burnout ([Carroll 2006](#); [Gleason 1977](#)), which carries a significant cost for clergy and the organizations they lead. Altogether, scholars and denominational leaders alike have found good reason to be concerned about the mental health of clergy ([Sielaff, Davis, and McNeil 2021](#)).

There has been growing interest in recent years in the religious and spiritual sources of clergy resilience to stress as well as the sources of strain ([Meek et al. 2003](#)). In this study, we examine the role of one source of strain, *spiritual struggles* among clergy, in the form of “divine struggle” or feelings of alienation from God. Though contemporary research on religion and mental health has tended to emphasize the salutary effects of religiosity, a growing body of work on “spiritual struggles” has shown that religiosity can have negative consequences for mental well-being. Indeed, doubts or uncertainty in one’s faith can undermine well-being ([Ellison and Lee 2010](#); [Hill and Cobb 2011](#); [Hill et al. 2021](#)). For clergy, whose job involves supporting others in their spirituality, spiritual struggles may be particularly detrimental to their health. [Pargament et al. \(2005b\)](#) described spiritual struggles as “efforts to conserve or transform a spirituality that has been threatened or harmed” (247) and his colleagues put forth three forms of religious/spiritual struggle (see also [Exline et al. 2014](#)): (1) *intrapyschic struggles*, or chronic religious doubting, (2) *interpersonal struggles*, or negative interaction in religious settings, and (3) *divine struggles*, or troubled relationships with God, which forms the basis of our study. Drawing on identity theory, which suggests that struggles with God may be especially harmful to the well-being of those “doing God’s work,” we use longitudinal data from a sample of United Methodist Clergy from North Carolina. We are guided by the following research questions: first, relative to clergy who have little or few divine struggles over time, do those

reporting either consistently high divine struggles or increasing divine struggles have higher depressive symptoms and a greater risk of burnout? And second, what are the mental health and burnout profiles of clergy who experience decreases in divine struggles?

Finally, drawing from a life-stress perspective, the associations between divine struggles and depressive symptoms and burnout may be contingent on the personal resources that clergy possess, such as congregational social support (Carroll 2006). Past research has shown that clergy with greater religious resources, such as actual (received) and anticipated support from their congregations, experience less psychological distress and greater psychological well-being (Ellison et al. 2010). We test in this study if received and anticipated support are similarly useful for clergy who are struggling in their relationships with God. Though several studies have focused on clergy mental health and social support (Eagle, Hybels, and Proeschold-Bell 2019; Proeschold-Bell et al. 2013), few have investigated the role of spiritual struggles. The positive associations between social support and lower levels of depressive symptoms may not hold in the case of spiritual struggles. As religious specialists, clergy may be well positioned to elicit various kinds of support from members of their congregation (Finke and Dougherty 2002), but this may be more challenging to procure during periods of divine struggle. Our final research question is whether received or anticipated social support buffers the association between increasing/stably high divine struggles and depression/burnout.

BACKGROUND

Depression and Burnout as Persistent Problems Among Clergy

A recent nationally representative study found that Mainline Protestant clergy report elevated levels of depressive symptoms when compared with a demographically matched sample of Americans (Holleman and Eagle, 2022). They report 8.3% of Mainline Protestant senior clergy qualify for elevated depressive symptoms on the PHQ-2 scale, compared with 4% of demographically similar U.S. adults. Studies with United Methodist clergy in North Carolina, from which the current study draws data, found rates of elevated depressive symptoms in the past 2 weeks between 8.3% and 10.8% of clergy (Eagle, Hybels, and Proeschold-Bell 2019; Proeschold-Bell et al. 2013).

Symptoms of burnout among clergy are also a common occurrence (Adams et al. 2017; Hybels et al. 2022). Burnout is defined as an extended response to job stressors, characterized by emotional exhaustion, depersonalization of the people one serves, and feelings of a lack of personal accomplishment (Maslach, Schaufeli, and Leiter 2001) with one study reporting a prevalence of burnout among clergy of 13% (Doolittle 2010). A comparison of the same population of UMC clergy to national U.S. burnout scores, found moderate levels of emotional exhaustion, depersonalization, and low feelings of personal accomplishment (Adams et al. 2017).

Like all employees, clergy experience both rewards and stressors in their working lives. However, clergy are somewhat unusual in that they are called by God to their vocation in ministry (Johnston et al. 2022). Regardless of how the call to ministry occurs, it is always “sacred.” According to sanctification theory, put forth by Pargament and Mahoney (2005), when a person imbues something with sacred meaning, they will exert significant time and energy to it, will fiercely protect it and experience strong emotions around it, use it as a resource, and experience devastation if it is lost. Pargament et al. (2005a) have termed the fall or defilement of something previously sacralized as “desecration,” which may characterize the spiritual struggles of clergy. Stated formally, “A sacred loss. . . involves the perception that something once viewed as a manifestation of God or endowed with sacred qualities is lost, while a desecration. . . occurs when the individual perceives the sacred aspect as violated” (Hawley et al. 2015:146). According to Pargament et al. (2005a), experiencing desecration puts an individual in a position where that loss may wreak havoc or open the door for personal growth.

Based on the tenets of both sanctification and desecration theory, then, the stakes of perceived failure in ministry may be higher for clergy than other employees because of the strong pull to their work (Meek et al. 2003) and their full investment into the religious role (Schieman 2008). Clergy experience a number of stressors in their work, including high levels of emotional labor (e.g., grief counseling), critical congregants, doubting one’s call to ministry, and a lack of social support from superiors and peers (Carroll 2006; Knox, Virginia, and Lombardo 2002; Knox et al. 2005; Proeschold-Bell et al. 2013; Wang, Berglund, and Kessler 2003). In addition to these tasks, clergy often perform administrative tasks, such as supervising other church staff and managing the finances of the church, which they are not typically trained to do. In addition to work that feels sacred, clergy who struggle in their relationship with God may have an elevated risk of developing elevated depressive and/or burnout symptoms that interfere with their functioning. The next section explores this possibility.

Divine Struggles and Well-Being Among Clergy: A Longitudinal Perspective

One important aspect of religious life is the cultivation of a direct, intimate relationship with a perceived divine other (e.g., God, Jesus). This may be especially pronounced among clergy, given that individuals often describe receiving a sacred call into ministry (Johnston et al. 2022). However, not all relationships with God are healthy or constructive, even among clergy. Recent evidence indicates that some individuals experience trouble or strain in their relationship with God, especially when undergoing personal crises or challenges in daily life (Gutierrez, Park, and Wright 2017; Upenieks and Schieman 2021; Wilt et al. 2015). In the face of such hardship, individuals may call into question the beneficence of God (i.e., “How could a caring, loving God allow such hardship to occur?”) or the scope of divine powers (i.e., “Does God really have power over human affairs?”) or even to question the existence of God (“How can such things happen if there is a God?”). Individuals may also come to wonder if their misfortune is God’s way of punishing

them or they may blame God for allowing such events to occur (Exline, Yali, and Sanderson 2000). Struggles in one's relationship with the divine are associated with a host of negative mental health outcomes, such as higher levels of anxiety symptoms (Ano and Vasconcelles 2005), and greater depressive symptoms and suicidality (Exline, Yali, and Sanderson 2000; Upenieks and Schieman 2021; Wilt et al. 2015).

Such struggles with the divine are likely discouraged among many religious groups because it is seen as the opposite of faith. Spiritual struggles of this nature may be especially disturbing for clergy (Krause, Ellison, and Wulff 1998). As Krause et al. (1999) and Krause and Wulff (2004) point out, divine struggles may be an unsettling state because of the cognitive dissonance that is produced (Festinger 1957). Divine struggles may be particularly problematic for clergy because they represent a major chasm between their "real life" spiritual experiences (characterized by uncertainty or struggle) and the idealized spirituality they may feel they should represent to their flock. Identity theory is useful to connect this cognitive dissonance to well-being. Indeed, according to identity theory, individuals construct personal identities based largely on the social roles that they occupy (Burke 1991; Stryker 1987). For Burke (1991), these roles exist in hierarchies, with social roles that a person is more heavily invested in forming a more central part of a person's identity than other peripheral roles. Clergy have made substantial investments in learning about their particular faith tradition, and their occupational identity is centered around their religious community (Finke and Dougherty 2002).

Identity theory further holds that challenges to an individual's occupation or performance in these highly salient roles may ultimately threaten one's sense of self and can give rise to feelings of distress or other undesirable psychological states. As theologian Paul Tillich (1957) noted decades ago, "splits and gaps" in one's faith may be theological hurdles for many people, lay or clergy. However, especially among clergy, divine struggles may bear close links to depression and burnout, because questioning one's relationship with God may force them into a "state of physical, emotional and mental exhaustion caused by long-term involvement in emotionally demanding situations" (Pines and Aronson 1998:9) or by low self-esteem for allowing such a struggle to occur. Though the sources of mental health or burnout may come from external factors of the pastoral role (e.g., too much work, difficult parishioners, etc.), the internal source of burnout and exhaustion in the form of divine struggle, which takes into account contradiction or doubt in a salient role, is also likely to have a profound influence on well-being.

We also argue that it is important to assess the relationship between divine struggles and well-being over time. The question of the role of spiritual struggles in faith formation and one's faith journey has long intrigued theologians. Some theologians have argued that a degree of doubt or struggle is crucial for the maturation of religious faith. Indeed, the Catholic theologian Thomas Aquinas, recognized that doubt was an inevitable aspect of faith maturation (Aquinas

1981), a sentiment also espoused by James Snowden (1916) and Paul Tillich (1952, 1957). Gordon Allport (1950) similarly notes that, “the mature religious sentiment is ordinarily fashioned in the workshop of doubt” (73). According to these accounts, the successful resolution of doubt may be linked with stronger faith and better well-being, or in the worst case, hold few (if any) ill effects for well-being. Still, among clergy, there are reasons to expect that while divine struggles may lead to insight, growth, and faith development, such a process may come with a price to well-being, especially relative to clergy who possess no divine struggles over time.

While theologians have stressed the positive role that doubt can play in faith development, existing evidence suggests that chronic, unresolved doubts can be profoundly disconcerting and anxiety provoking for religious people. In research using samples of adults from the general population, Krause (2006) found that increases in religious doubt were associated with declines in self-esteem, optimism, and life satisfaction over time. Increases in religious doubt have also been found to prospectively predict an increase in depressive symptoms (Pirutinsky et al. 2011; Upenieks 2021a) and death anxiety (Upenieks 2021b) in samples other than clergy. We might expect among clergy, who are trying to live in accordance with their religious beliefs and tenets of the faith, that if they cannot maintain a solid personal relationship with God, they may feel guilty and be afraid that God will not forgive their lack of faith. Such experiences generate immense strain and are a source of internal struggle (Wilt et al. 2015), and therefore may contribute to psychological distress and burnout among clergy (Ellison et al. 2010; Pargament et al. 2001). If clergy are able to successfully resolve their divine struggles and feel less alienated from God, then we might expect them to be shielded from any adverse effects such struggles might portend for their well-being.

Divine Struggles and Well-Being: The Buffering Role of Received and Anticipated Social Support

It has long been acknowledged by scholars working within the life-stress paradigm that coping reactions to stressful circumstances are determining factors of well-being (Lazarus 1996; Pearlin 1989). We posit that different secular coping strategies could be potential moderators of the relationship between divine struggles and well-being among clergy. In this study, we examine the possible buffering role of two major types of support: received social support and anticipated social support (Vangelisti 2009). Received social support refers to the quality and quantity of the support provided to a person. Anticipated support, on the other hand, refers to the perceived availability and adequacy of social connections, should the need arise. The distinction between received and anticipated social support is important because many studies show that received social support is only modestly correlated with anticipated social support (Eagle, Hybels, and Proeschold-Bell 2019; Haber et al. 2007).

With respect to received support, past research has found that clergy report some degree of support from members of their congregation (Krause, Ellison, and

Wulff 1998). Congregational (received) support is defined as congregants offering support to pastors of how much they care about them as individuals. Using data from United Methodist clergy, Eagle, Hybels, and Proeschold-Bell (2019) found that, on average, clergy talked to 7.3 different people about an important personal or professional problem. Emotional support from congregants, that is, feeling loved and cared for, is related to better emotional health among clergy (Carroll 2006; Proeschold-Bell et al. 2013). However, clergy are also exposed to negative interactions with church members, and a lack of received support is frequently cited as a reason contributing to poor mental health among clergy (Carroll 2006; Knox et al. 2005). Clergy often acknowledge that they are hesitant to form relationships with their congregants because it may cause ethical conflicts by blurring the line between clergy and layperson (Bloom 2019).

It is possible that greater emotional support from congregants might be beneficial for clergy experiencing divine struggles. Feeling that they are loved and cared for by members of their congregation could help individuals confront their struggles. Though it is often clergy members who provide support for congregants struggling in their relationship with God, the sense of being emotionally supported by congregants who share the same beliefs and may have undergone similar experiences may be helpful. The receipt of emotional support from others can help clergy adopt positive religious coping responses to help them work through their struggles (Krause 2010). Given the difficulty in holding steadfast to beliefs in God, especially among clergy exposed to difficult tasks, an emotionally charged form of social support may allow clergy to open up about their struggles, or at the very least, feel supported as they personally work through them.

In addition to emotional support, anticipated support may also help to cushion the impact of divine struggles for clergy members. Individuals may anticipate support from a variety of sources, including family members (Birditt and Antonucci 2007), as well as friends, neighbors, and coworkers (Dahlin, Kelly, and Moen 2008). Anticipated support is not analogous to actual or mobilized support, but a distinct phenomenon of its own accord—an appraisal that, should a need arise, a person would be (or at least potentially be) available and willing to provide the needed support (Gottlieb and Bergen 2010). Anticipated support is important, because during a divine struggle, the perception that adequate resources may be available can reduce stress and provide the confidence needed to adopt positive coping strategies (Terry, Rawle, and Callan 1995). Some evidence suggests that anticipated has a direct effect on well-being regardless of whether that support is actually received (Gottlieb and Bergen 2010). Some scholars have even suggested that anticipated support can be more beneficial to health than received support because it is derived from a feeling of being connected to a community without the need to be dependent on others in the moment. Thus, beyond the emotional support received by clergy, it is possible that anticipated support from their congregation might help them cope with divine struggles. When clergy are experiencing negative emotion toward God, they may not seek out emotional support, yet the knowledge that such support is there, especially in the midst

of serious vocational and spiritual stressors, might minimize the impact such struggles have on well-being. This might be especially pronounced for clergy who have unresolved struggles or report increased divine struggles over time.

Figure 1 shows the conceptual framework to be tested in our study.

DATA AND METHODS

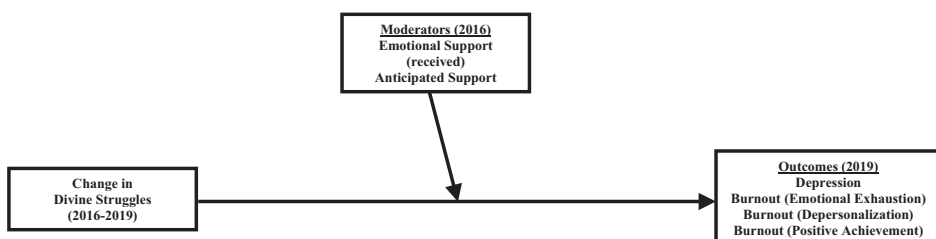
The data for this study come from the Clergy Health Initiative (CHI) Panel Survey, a 13-year longitudinal study of United Methodist clergy in North Carolina that began in 2008. Participants consented to and completed online surveys roughly every two years. Data for this study were drawn from the 2016 and 2019 waves of data collection, chosen because those waves, unlike other waves, include our variables of interest. The survey collected responses from 1,802 clergy in 2016 (response rate = 73%) and 1,455 in 2019 (response rate also 73%; smaller sample size was due to including fewer retired clergy). To minimize variability in work expectations and responsibilities, we restricted our analyses to clergy who served in congregational ministry and excluded those who were retired or worked in positions outside a local congregation. Full data from 1,261 participants were used for analysis after missing data techniques were applied, as we describe below.

Dependent Variables

Depressive symptoms

We measured depressive symptoms using the validated Patient Health Questionnaire-9 (PHQ-9) (Kroenke, Spitzer, and Williams 2001; Spitzer, Kroenke, and Williams 1999). The PHQ-9 is a nine-item scale that measured the frequency of depressive symptoms in the past two weeks and were each scored from 0 (not at all) to 3 (nearly every day), forming a total range of 0–27 (Kroenke, Spitzer, and Williams 2001). Sample items include “little interest or pleasure in doing things,” “feeling down, depressed, or hopeless,” “trouble falling asleep or sleeping too much,” and “trouble concentrating on things.” On this scale, scores

FIGURE 1. Conceptual Models of Religious Struggles and Well-Being and Social Support as Moderator (Clergy Health Initiative Longitudinal Survey, 2016–2019, $n = 1,261$).



Note. This model adjusts for all study covariates.

of 1–4 indicate minimal depression, 5–9 mild depression, 10–14 moderate depression, 15–19 moderately severe depression, and 20–27 severe depression (Kroenke, Spitzer, and Williams 2001).

Burnout

We also included the Maslach Burnout Inventory as an outcome variable, which consists of three separate scales that measure different aspects of burnout (Maslach and Jackson 1986). The scales are (1) *emotional exhaustion* (i.e., feeling emotionally taxed by one's work, nine items), (2) *depersonalization* (i.e., having an impersonal response to people in one's care, five items), for which high scores indicate burnout, and (3) *personal accomplishment* (i.e., feeling competent and successful, eight items), for which low scores indicate burnout. The Maslach Burnout Inventory has been studied with populations including social workers and community service workers (Mitchell and Hastings 2001), as well as clergy (Evers and Tomic 2003; Miner 2007; Rodgerson and Piedmont 1998). The validity of the three-factor structure model has been supported across seven occupational groups, including clergy (Langballe et al. 2006).

Key Predictor Variables

Divine struggles

The items used to comprise the divine struggles item were developed by Exline, Yali, and Sanderson (2000) and assess alienation from God and religious strain. Clergy were asked, at both the 2016 and 2019 waves, "To what extent are you currently having each of these experiences?" (1) "Feeling that God has abandoned you," (2) "Feeling that God is far away," (3) "Feeling that your faith is weak," (4) "Having difficulty trusting in God," and (5) "Having difficulty believing God exists." Responses were scored according to the following coding scheme and averaged to form a scale in 2016 and 2019, where higher scores indicate greater divine struggles: 0 = "Not at all," 1 = "Somewhat," 2 = "Moderately," and 3 = "Extremely" (Cronbach's alpha = 0.83 in 2016 and 2019).

Since we were interested in changes in divine struggles between waves of the study, we created a four-category measure of change in divine struggles. Following previous work by Upenieks (2021a, 2021b), clergy were placed into one of four categories on the basis of their divine struggles scores in 2016 and 2019: (1) *stable low struggles*, where respondents had divine struggle scores less than 1 at both time points, (2) *stable divine struggles*, where respondents had divine struggle scores greater than 1 at both time points, (3) *increasing divine struggles*, where clergy had higher divine struggle scores in 2019 than 2016, and (4) *decreasing divine struggles*, where clergy had lower divine struggle scores in 2019 compared with 2016. We note that "1" was used as a cutoff to denote stable low and high struggles, because very few clergy reported mean divine struggles scores greater than 2 (<1%) at either 2016 or 2019. In our sample of clergy, averaging a response of "somewhat" over time to the five items indicates persistent struggles with God.

Social support

Measures of congregational social support were categorized by received emotional support and anticipated support and based on the short form of the Religious Support scale created by Krause (1995). We took these measures from the study baseline in 2016. The first two items refer to received emotional support: (1) “How often do the people in your congregation make you feel loved and cared for?” and (2) “How often do the people in your congregation listen to you talk about your private problems and concerns?” Responses were coded where 1 = “Never,” 2 = “Once in a while,” 3 = “Fairly often,” and 4 = “Very often.” These items were averaged to form a continuous measure of received social support (Cronbach’s alpha = 0.71).

Anticipated support was gauged by the following two questions: (1) “If you were ill, how much would the people in your congregation be willing to help out?” And (2) “If you have a problem or were faced with a difficult situation, how much comfort would the people in your congregation be willing to give you?” Both of these items were scored where 1 = “None,” 2 = “A little,” 3 = “Some,” and 4 = “A great deal.” These items were averaged to form a continuous scale of anticipated social support (Cronbach’s alpha = 0.84).

Control Variables

We controlled for several factors that could be related to both depression and burnout as well as divine struggles. All control variables were measured at the 2016 wave, which served as the baseline period for our analysis. These were the respondent’s age (in years, included as a continuous variable), gender (reference = male), race (reference = White vs. non-White), educational attainment (reference = Master’s degree), marital status (reference = married vs. not married), number of total children they had (top coded at five children), and average hours worked per week (included as a continuous variable). We also adjusted for income (in dollars) and whether the clergy member lived in a rural area (reference category = urban). We also controlled for congregation size. In this study, the size of the congregation was measured by the congregant’s report of the number of people who attended weekly services in a typical week. For clergy who served multiple congregations, size was measured as the total attendance of all congregations served. We created a three-category measure of church size, with 1 = 0–99 people (reference category), 2 = 100–499 people, and 3 = 500 or more people.

PLAN OF ANALYSIS

We used lagged dependent variable (LDV) models in all analyses. These models included baseline controls for depressive symptoms, and all three components of burnout. Such an approach allowed us to examine how changes in divine struggles among clergy are associated with each of our outcomes, net

of baseline indicators of well-being. The LDV approach is advantageous because it helps to prevent endogeneity bias, which would occur if levels of depression or burnout in 2016 were predictors of divine struggles in 2019. In addition, the LDV model helps to produce unbiased coefficients because it adjusts for the autocorrelation between our outcomes in 2016 and 2019. However, LDV models are likely to inflate Type 2 errors, which would lead to suppressing significant effects as opposed to artificially inflating them (Wilkins 2018). As a result, LDV models will tend to yield more conservative estimates regarding the relationship between divine struggles and clergy well-being that we assess in this study.

Multiple imputation with chained equations were used to deal with all missing data to preserve statistical power (Royston 2005). To produce consistent samples across each of our four outcome variables, values were not imputed for clergy missing on any of the four dependent variables ($n = 175$), yielding a total of 1,261 cases for analyses.

For each of our four outcomes, we test a series of three models. In Model 1, we assess the baseline relationship between change (or stability) in divine struggles and each outcome. Our next two models test our hypothesized patterns of moderation. As Baron and Kenny (1986:1178) argue, moderating variables can be used to test for when “a relation holds in one setting but not in another, or for one subpopulation but not for another.” Since we are interested in whether the relationship between divine struggles and well-being may differ depending on the level of emotional and anticipated support clergy have access to, Model 2 tests an interaction term between change in divine struggles and received emotional support. Finally, Model 3 tests an interaction term between changes in divine struggles and anticipated social support. Interactions that achieved statistical significance were followed by simple slopes tests conducted by specifying -1 SD (low), mean, and $+1$ SD (high) values for the moderator variables and plotting predicted scores on our well-being outcomes, holding all other covariates at their respective means. All models adjust for the full host of study covariates. In the interest of space, we do not show the corresponding covariate coefficients in the tables (available upon request).

RESULTS

Table 1 presents descriptive statistics for all analyses. Clergy reported average depressive symptom scores of 3.72 in 2016 (on a 27-point scale, $SD = 4.20$) and 4.16 in 2019 ($SD = 4.24$). These would correspond to mild to moderate levels of depression based on the PHQ-9, but with a fair amount of variation in the sample. Clergy also reported mean emotional exhaustion scores of 1.71 in 2016 and 1.93 in 2019, while levels of depersonalization were 0.80 in 2016 and 0.87 in 2019), both measured on a 6-point scale. In addition, clergy reported average personal achievement scores of 4.63 in 2016 and 4.65 in 2019, which were also measured on a 6-point scale.

Regarding divine struggles, almost half of the sample (44%) had stably low divine struggles across time, with 6.33% of clergy reporting stably high divine struggles. Moreover, 26% of clergy reported increasing their divine struggles over time (higher in 2019 than 2016), while 23% decreased in divine struggles over time. The clergy in our study reported fairly high levels of emotional support from

TABLE 1. Descriptive Statistics, Clergy Health Initiative Longitudinal Survey (2016, 2019)

	Range	Mean/percent	Standard deviation
<i>Dependent variables</i>			
Depression, 2019	0,27	4.16	4.24
Burnout, emotional exhaustion, 2019	0,6	1.93	1.18
Burnout, depersonalization 2019	0,6	0.87	0.90
Burnout, positive achievement, 2019	0,6	4.65	0.91
<i>Focal independent variables</i>			
Change in divine struggles			
Stable low divine struggles		44.11	
Stable high divine struggles		6.33	
Increasing divine struggles		26.33	
Decreasing divine struggles		23.24	
Emotional support, 2016	1,4	2.69	0.61
Anticipated support, 2016	1,4	3.50	0.66
<i>Covariates</i>			
Depression, 2016	0,27	3.72	4.20
Burnout, emotional exhaustion, 2016	0,6	1.71	1.15
Burnout, depersonalization, 2016	0,6	0.80	0.91
Burnout, positive achievement, 2019	0,6	4.63	0.97
Age	22,79	57.07	12.53
Rural residence		51.52	
Number of kids	0,7	0.62	1.01
Income (\$)	0,180,000	45479.58	27383.57
Work hours, 2016	0,84	43.34	15.38
Gender (1 = female)	0,1	30.41	
<i>Education</i>			
<4 years of college		8.00	
College graduate		8.22	
Master's degree		71.82	
Doctoral degree		11.95	
<i>Church size</i>			
0–99 people		54.52	
100–499 people		37.64	
500+ people		7.84	
Married	0,1	75.01	
White	0,1	91.02	

Notes: n = 1,261.

their congregation on a 4-point scale ($M = 2.69$, $SD = 0.61$; between “once in a while” and “sometimes”), while they reported even higher levels of anticipated support ($M = 3.50$, $SD = 0.66$; between “some” and “a great deal”).

Demographically, the sample was composed of 30% women, and the average age of clergy was 57 years. Most clergy reported working more than 40 hours per week, and over half of our sample was married. More than 80% of our sample reported having a master's degree or doctoral degree or higher, while most clergy reported having less than 500 people in their congregation.

Multivariable Regression Results

Depressive symptoms

Results pertaining to depressive symptoms can be found in [table 2](#). Model 1 assesses the relationship between changes in divine struggles and depression. Stable struggles were associated with higher levels of depressive symptoms ($b = 1.44$, $p < .001$) compared with those with stable low struggles. In addition, the group of clergy whose scores indicated increased divine struggles over time also had higher scores on depressive symptoms ($b = 1.52$, $p < .001$) compared with those with stable low struggles. Post hoc tests determined that the stable struggles and increasing struggles group did not have depressive symptom profiles that differed significantly from each other. In addition, those whose scores indicated decreased struggles over time did not have significantly higher or lower depressive symptoms compared with the stable low struggles group ($b = -0.20$, $p > .05$). The decreasing struggles group had lower depressive symptoms compared with the stable struggles and increasing struggles group.

Results from Model 2, which tested the moderating role of received emotional support on religious struggles, suggests that greater received emotional support buffered the relationship between increasing religious struggles and depression ($b = -1.05$, $p < .05$). This interaction term is depicted in [figure 2](#), which shows predicted depressive symptoms scores across change in divine struggle categories at three levels of emotional support: low (one standard deviation below the mean), moderate (at the mean), and high (one standard deviation above the mean). Drawing attention to the third set of bars, we see that relative to the stable low struggles group, clergy who had increased divine struggles and reported high emotional support had lower depressive symptom scores if they had high emotional support from congregants (average = 4.96), compared with clergy with increasing struggles who had low emotional support (average depression score = 5.90), representing almost a full unit of difference in PHQ-9 scores.

In Model 3, the interaction term between change in divine struggles and anticipated emotional support was not significant ($b = 0.15$, $p = .546$).

Burnout (emotional exhaustion)

Models predicting burnout (emotional exhaustion) can be found in [table 3](#). In Model 1, we see that the indicator for increasing religious struggles was related

to higher emotional exhaustion ($b = 0.49, p < .001$). The stable or decreasing struggles group was not significantly different from the group with low stable struggles. We observe in Model 2 an identical interaction pattern to what was observed for depressive symptoms: emotional support attenuated the relationship between increasing struggles and emotional exhaustion ($b = -0.24, p < .05$). Figure 3 visually displays this finding: as with depressive symptoms, clergy with increasing struggles who had high emotional support reported lower emotional exhaustion (average = 2.18) compared with those in the same group who had

TABLE 2. Ordinary Least Squares Regression Models Predicting Depression in 2019, Clergy Panel Initiative Longitudinal Survey ($n = 1,261$)

	Model 1	Model 2	Model 3
<i>Changes in divine struggles, 2016–2019</i>			
Stable divine struggles ^a	1.44*** (0.64)	3.71 (2.94)	4.31 (3.47)
Increasing divine struggles ^a	1.52*** (0.28)	4.34** (1.27)	3.02* (1.50)
Decreasing divine struggles ^a	-0.20 (0.29)	1.65 (1.27)	2.40 (1.47)
Emotional support		0.29 (0.27)	
Anticipated support			0.15 (0.27)
<i>Interaction terms</i>			
Stable struggles ^a × emotional support		-0.86 (1.16)	
Increasing struggles ^a × emotional support		-1.05* (0.47)	
Decreasing struggles ^a × emotional support		-0.68 (0.46)	
Stable struggles ^a × anticipated support			-0.83 (1.07)
Increasing struggles ^a × anticipated support			-0.41 (0.43)
Decreasing struggles ^a × anticipated support			-0.75 (0.42)

Notes: Robust standard errors shown in parentheses. Models adjust for baseline depression (2016), age, rural residence, gender, income, marital status, number of kids, race, education, church size, and work hours (2016).

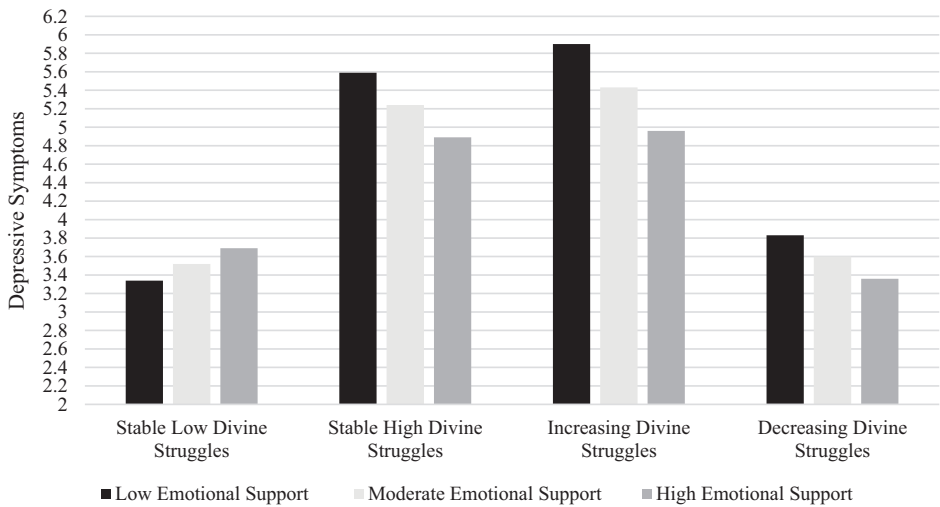
^aCompared with stable low struggles.

* $p < .05$;

** $p < .01$;

*** $p < .001$.

FIGURE 2. Changes in R/S Struggles and Depression: The Moderating Role of Emotional Support.



low emotional support (average = 2.42). Results from Model 3 again illustrate that there was no buffering role for anticipated support across categories of divine struggles.

Burnout (depersonalization)

Results pertaining to the second dimension of burnout, depersonalization, can be found in table 4. As with emotional exhaustion, only the increasing in divine struggles group indicator was associated with greater depersonalization scores ($b = 0.33, p < .001$). Post hoc tests show that those with stable struggles or decreasing struggles did not differ from clergy with low divine struggles. It is also worth noting that the increasing in divine struggles group did not have depersonalization scores that were different from the stable high divine struggles group.

Model 2 again reveals the buffering role of emotional support for clergy with increasing divine struggles ($b = -0.29, p < .01$). Figure 4 visually displays the results from this interaction model, showing again that clergy with increasing struggles who had high emotional support reported lower emotional exhaustion (1.05) than those with low emotional support (1.28). This illustrates that the association between increasing divine struggles and emotional exhaustion was less pronounced for clergy with strong congregational support.

Model 3 reveals the presence of an additional significant interaction term between increasing divine struggles and anticipated divine support ($b = -0.17, p < .05$). As we see in figure 5, the association between increasing divine struggles and greater depersonalization was weaker for those with high (one standard deviation above the mean) levels of anticipated support. This was the only outcome for which anticipated support served as a buffer for clergy, a point we return to reflect on in the discussion section.

TABLE 3. Ordinary Least Squares Regression Models Predicting Burnout (Emotional Exhaustion) in 2019, Clergy Health Initiative Longitudinal Survey ($n = 1,261$)

	Model 1	Model 2	Model 3
<i>Changes in divine struggles, 2016–2019</i>			
Stable divine struggles ^a	0.22 (0.16)	-0.15 (0.74)	-0.09 (0.87)
Increasing struggles ^a	0.49*** (0.07)	1.14** (0.33)	0.86* (0.40)
Decreasing struggles ^a	0.02 (0.07)	0.30 (0.33)	0.10 (0.38)
<i>Positive congregation</i>			
Emotional support		0.04 (0.07)	
Anticipated support			0.04 (0.07)
<i>Interaction terms</i>			
Stable struggles ^a × emotional support		0.16 (0.29)	
Increasing struggles ^a × emotional support		-0.24* (0.11)	
Decreasing struggles ^a × emotional support		-0.10 (0.12)	
Stable struggles ^a × anticipated support			0.10 (0.27)
Increasing struggles ^a × anticipated support			-0.10 (0.11)
Decreasing struggles ^a × anticipated support			-0.02 (0.11)

Notes: Robust standard errors shown in parentheses. Models adjust for baseline burnout (emotional exhaustion) (2016), age, rural residence, gender, income, marital status, number of kids, race, education, church size, and work hours (2016).

^aCompared with stable low struggles.

* $p < .05$;

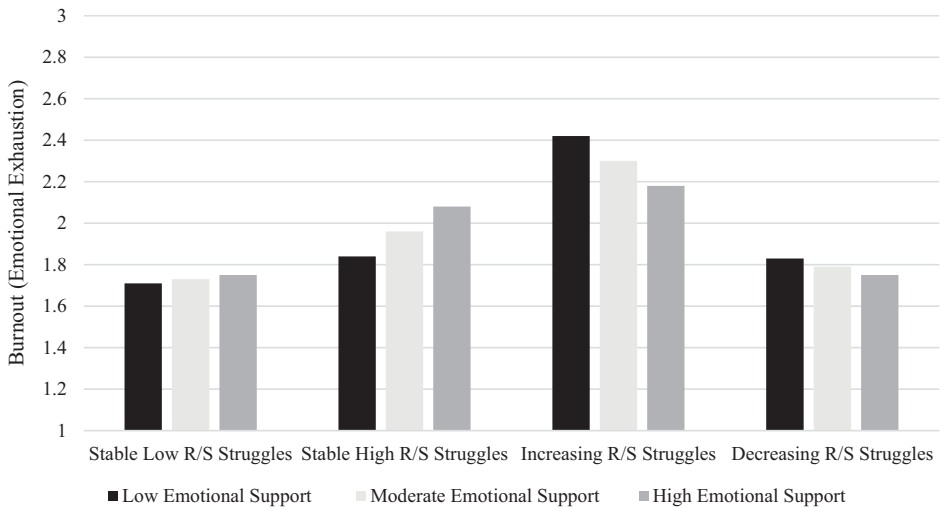
** $p < .01$;

*** $p < .001$.

Burnout (personal accomplishment)

Results for personal accomplishment are found in table 5. We see in Model 1 that relative to the stable low struggles group, every other category of change in divine struggles was associated with lower personal accomplishment: stable divine struggles ($b = -0.51, p < .001$), increasing divine struggles ($b = -0.30, p < .001$), and decreasing struggles ($b = -0.17, p < .05$). The stable struggles group and increasing struggles group did not statistically differ from each other here on personal accomplishment, while the decreasing struggles group had higher accomplishment scores than either the stable struggles or increasing struggles group.

FIGURE 3. Changes in R/S Struggles and Burnout (Emotional Exhaustion): The Moderating Role of Emotional Support.



Unlike our other three outcomes, we found no evidence in Models 2 and 3 that either emotional support or anticipated support buffered the associations between stable, increasing, or decreasing divine struggle groups relative to the stable low group.

DISCUSSION

Mainline Protestant clergy evidence higher levels of depressive symptoms relative to the general American population (Holleman and Eagle, 2022; Hybels et al. 2022; Proeschold-Bell et al. 2013). Few studies have focused on religious/spiritual struggles among clergy members (Ellison et al. 2010). Our study, therefore, has contributed to the body of evidence on clergy mental health by focusing on divine struggles, struggles in clergy’s relationship with God and their faith, and coping resources. Drawing on a longitudinal sample of United Methodist Clergy from North Carolina, our results yielded a series of important findings.

First, we found that troubled relationships with God, characterized by feelings of abandonment or difficulties in trusting God, are associated with higher depressive symptoms and greater feelings of burnout among United Methodist clergy. In every case, it was clergy who increased in divine struggles over time (i.e., reported higher divine struggles at the second study time point relative to the first) had the highest depression and burnout scores relative to the stably low or decreasing struggles group. The use of longitudinal data was instructive in our study, because with the exception of one dimension of burnout (personal

TABLE 4. Ordinary Least Squares Regression Models Predicting Burnout (Depersonalization) in 2019, Clergy Health Initiative Longitudinal Survey (n = 1,261)

	Model 1	Model 2	Model 3
<i>Changes in divine struggles, 2016–2019</i>			
Stable divine struggles ^a	0.17 (0.14)	-0.73 (0.63)	-0.43 (0.73)
Increasing divine struggles ^a	0.33*** (0.06)	1.11*** (0.28)	0.94** (0.34)
Decreasing struggles ^a	-0.07 (0.06)	0.36 (0.28)	0.33 (0.32)
Emotional support		0.10 (0.06)	
Anticipated support			0.06 (0.06)
<i>Interaction terms</i>			
Stable struggles ^a × emotional support		0.38 (0.24)	
Increasing struggles ^a × emotional support		-0.29** (0.10)	
Decreasing struggles ^a × emotional support		-0.16 (0.10)	
Stable struggles ^a × anticipated support			0.20 (0.22)
Increasing struggles ^a × anticipated support			-0.17* (0.08)
Decreasing struggles ^a × anticipated support			-0.11 (0.09)

Notes: Robust standard errors shown in parentheses. Models adjust for baseline burnout (depersonalization) (2016), age, rural residence, gender, income, marital status, number of kids, race, education, church size, and work hours (2016).

^aCompared with stable low struggles.

* $p < .05$;

** $p < .01$;

*** $p < .001$.

accomplishment), clergy with stable struggles had more favorable mental health and burnout profiles than those increasing in divine struggles. According to the tenets of identity theory, coming to have a more troubled relationship with God over time was detrimental to the well-being of clergy. This finding resonates with the work of Meek et al. (2003), who found that a close connection to God was a major element in clergy's ability to cope with stress. The onset, therefore, of greater divine struggles may prompt an unfavorable shift in negative coping responses for clergy relative to those who may have become accustomed to dealing with such struggles. Altogether, the onset of divine struggles may be

FIGURE 4. Changes in R/S Struggles and Burnout (Depersonalization): The Moderating Role of Emotional Support.

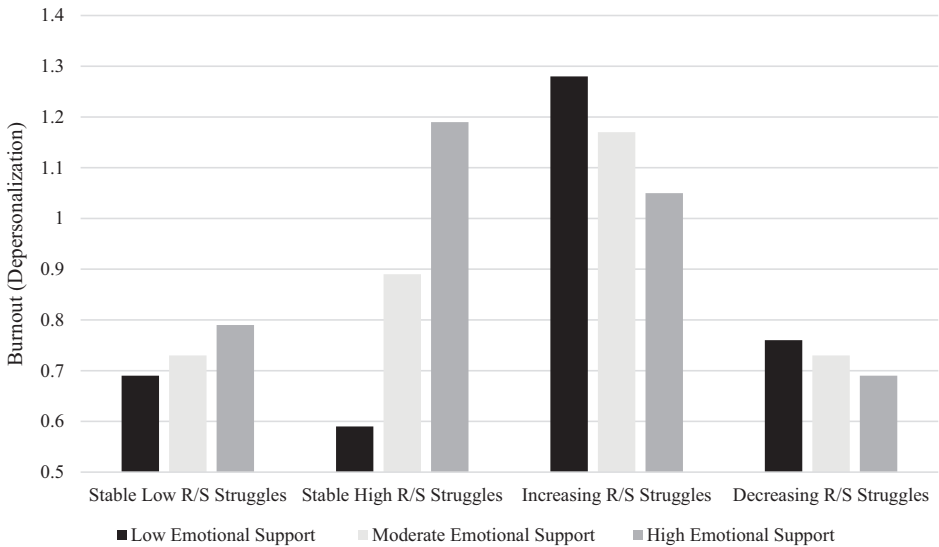
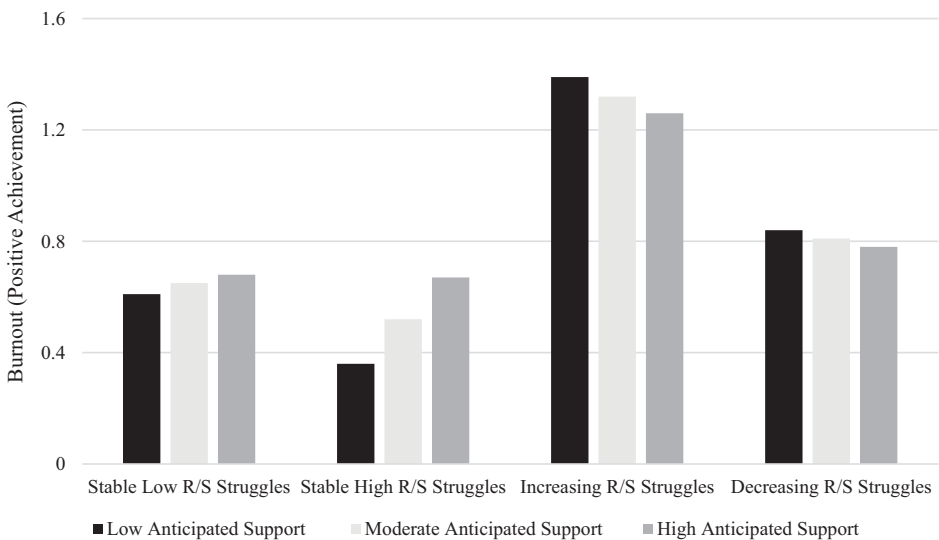


FIGURE 5. Changes in R/S Struggles and Burnout (Positive Achievement): The Moderating Role of Anticipated Support.



counter-normative for clergy and threaten a functional aspect of their identity (Burke 1991). Coming to have more divine struggles over time might raise the crucial issues of competence and confidence among clergy; indeed, clergy could find it more challenging to counsel or provide support to their own congregants who are having a crisis of faith, if they are experiencing troubled relationships

with God themselves. Clergy who decreased in their divine struggles over time had more favorable burnout profiles.

It was also instructive that only a low or moderate level of divine struggle among clergy over time that was associated with greater depressive and burnout symptoms. Indeed, the cutoff used to denote stable high versus stable low divine struggles was “1,” corresponding to “somewhat” on the Likert scale. It is possible that a smaller threshold of divine struggles may be needed to unfavorably affect outcomes related to well-being compared with the general population. In addition, the mean score on divine struggles for those in the increasing

TABLE 5. Ordinary Least Squares Regression Models Predicting Burnout (Positive Achievement) in 2019, Clergy Health Initiative Longitudinal Survey ($n = 1,261$)

	Model 1	Model 2	Model 3
<i>Changes in divine struggles, 2016–2019</i>			
Stable divine struggles ^a	-0.51*** (0.15)	-1.16 (0.68)	-1.16 (0.79)
Increasing divine struggles ^a	-0.30*** (0.07)	-0.79** (0.30)	-0.18 (0.37)
Decreasing struggles ^a	-0.17* (0.07)	-0.62* (0.30)	-0.80* (0.35)
Emotional support		-0.09 (0.07)	
Anticipated support			-0.07 (0.07)
<i>Interaction terms</i>			
Stable struggles ^a × emotional support		0.25 (0.27)	
Increasing struggles ^a × emotional support		0.18 (0.11)	
Decreasing struggles ^a × emotional support		0.17 (0.11)	
Stable struggles ^a × anticipated support			0.20 (0.24)
Increasing struggles ^a × anticipated support			-0.04 (0.10)
Decreasing struggles ^a × anticipated support			0.18 (0.10)

Notes: Robust standard errors shown in parentheses. Models adjust for baseline burnout (positive achievement) (2016), age, rural residence, gender, income, marital status, number of kids, race, education, church size, and work hours (2016).

^aCompared with stable low struggles.

* $p < .05$;

** $p < .01$;

*** $p < .001$.

struggles group was 0.64 (SD = 0.51). This lends further support to the tenets of identity theory: since clergy are highly invested in both their occupation and their faith, it may be even more stressful for them to report any form of strain or trouble in their relationship with God. It is plausible that clergy may feel a lower sense of self-esteem or self-worth if they are struggling with a central relationship that is meant to aid them in their ministry. When one's work is perceived to be sacred, and extra effort is put into the various roles of ministry, the perception of failing in one's personal relationship with God could negatively impact well-being.

As a second contribution, our work contributes to the role of coping resources for clergy experiencing divine struggles. Working within the life-stress paradigm, coping responses to stressors ultimately help shape outcomes related to well-being (Lazarus 1996; Pearlin 1989). For clergy who experience increasing divine struggles, those who received significant emotional support from members of their congregations were protected from elevated depressive symptoms, and two of the components of burnout (emotional exhaustion and depersonalization). This finding is intriguing, because most past research has tended to view congregants more as sources of stress than sources of support (Han and Lee 2004; Mueller and McDuff 2004). Though we cannot ascertain whether clergy received emotional support specifically about their divine struggles, it is likely that greater emotional support entails the sense that congregants care about the general well-being of clergy members. It is possible that divine struggles prompt clergy to display vulnerability to members of their congregation, encouraging them to provide spiritual support. Krause (2021:122) defines spiritual support as "the process of interacting with like-minded religious others that church members encounter and absorb the formal principles that are embedded in religious organizations." Spiritual support may be provided by members of the congregation to their clergy member with the purpose of bolstering their religious beliefs (Krause 2008). A general perception of emotional support might help clergy experience spiritual growth during their struggles and serve as a reminder of the positive aspects of their job (e.g., leading others to grow in their faith). Future studies with direct measures of spiritual support could be profitably integrated to help achieve a deeper understanding of what may be driving clergy well-being.

There was a less robust moderation pattern with respect to anticipated support from congregants for clergy experiencing divine struggles. We predicted that anticipated support would also buffer the pernicious consequences of increasing or persistently high divine struggles, but we only found evidence for this on personal accomplishment (the third indicator of burnout). It makes intuitive sense that anticipating support if one were to become ill or if a sudden crisis emerged would involve a much different form of support than that provided for dealing with divine struggles. That we only found support for anticipated support buffering the relationship between increasing divine struggles and positive achievement is telling. We are hesitant to speculate on this pattern given that emotional support was a stress buffer for three of the four outcomes studied, it is possible that the

feeling of being connected to a community and expecting such an outpouring of support if the need arose could help clergy feel more accomplished in their vocation, even amidst their troubled relationships with God.

Despite this being the first study that, to our knowledge, considers the longitudinal association between divine struggles among clergy and multiple indicators of well-being, we acknowledge several limitations and posit several directions for future research to consider. First, clergy in this study were exclusively United Methodist, a single Mainline Protestant denomination. These findings may not generalize to Conservative Protestant, Catholic, or other denominations, where dynamics between the clergy and the laity are different. However, we note that the United Methodist Church is representative of many mainline Protestant denominations, which also share a similar set of stressors and job demands (e.g., the Episcopal Church, Presbyterian Church, United Church of Christ, and Lutheran Church) (Carroll 2006). Thus, the information provided here on divine struggles and clergy well-being is likely to provide valuable insight into the experience of these other denominations as well.

As a second limitation, measures of divine struggles were last measured at the 2019 wave, which occurred prior to the COVID-19 pandemic. Some evidence has suggested that, at least within the general U.S. population, religious/spiritual struggles and divine struggles, in particular, have increased due to the widespread hardship and uncertainty that accompanied the pandemic and societal responses to it (Upenieks 2022). It would therefore be instructive for future research to capture changes in divine struggles among religious clergy from before and after the pandemic, when other occupational stressors (e.g., church finances, shifting to remote services) were also intersecting (Johnston et al. 2022; Village and Francis 2021). Finally, though we had two measures of social support (emotional and anticipated) from congregations, it is possible that other sources of social support (e.g., from one's clergy friends, other friends, or family members) might be forms of support sought out by clergy to help them work through troubled relationships with God. Qualitative research could also help shed light on how these individuals, from within one's congregation or outside of it, help clergy deal with divine struggles and what that form of support looks like (e.g., spiritual discussion, socializing, prayer, etc.).

Our findings also generate some broader implications for supporting clergy well-being in the face of divine struggles, and possibly other vocational stressors. In work on clergy resilience, Meek et al. (2003) noted that, "[s]elf-efficacy did not appear to be a central goal for these clergy. Rather, they attempted to reset their identity in the character of God, thus acknowledging their own weakness" (344). Meek et al. (2003) recommend spiritual practices (e.g., journaling, praying, fasting) to aid clergy in this endeavor, and we add that such practices might also sometimes be performed in a congregational context, where clergy can be among their flock and receive support. In additional analyses (not shown), we also considered whether support from other clergy members attenuated the

association between increases in divine struggles and well-being.¹ We found no evidence for this pattern. We would note the lack of a moderating effect observed for these three forms of clergy provided support is not entirely unprecedented in the literature. Indeed, a study by [Francis, Robbins, and Wulff \(2013\)](#) found in a sample of Presbyterian clergy in the United States that study leaves and sabbaticals helped to enhance satisfaction in ministry, but neither study leave, sabbaticals, ministry mentors, spiritual directors, nor minister peer group were effective at reducing burnout. Similarly, work by [Doolittle \(2010\)](#) study 358 parish-based clergy in the United States and found that having a variety of interests outside of one's church protected against burnout, as did attending retreats and regular exercise. Though speculative, it could be argued that clergy may feel ashamed about having extended divine struggles (lasting a period of three years). This may dissuade them from asking for emotional or spiritual support from other clergy during these times, since such prolonged struggles would not be normative in this vocation. Altogether, these additional analyses suggest how vital support from one's congregation is in helping clergy deal with divine struggles. These additional analyses also help to rule out the possibility that a clergy member's propensity to reach out for support (from both congregants and other clergy members) is driving our findings, showing a unique contribution of support from the congregation.

Given the role of emotional support as a buffer for clergy experiencing divine struggles, we also offer some comments on the clergy-congregant relationship. It is complicated to discern what level of relationship between clergy and layperson is healthy. Pastoral ethics training has typically discouraged close relationships between clergy and laypeople because of their ability to create ethical conflicts and because it may be harder for clergy to maintain work and non-work boundaries. Our study, like those of [Bloom \(2019\)](#) and [Forney \(2010\)](#), suggests that there may be significant benefits to such relationships that also serve consideration when weighing potential harms. [Bloom \(2019\)](#) argues that when close relationships are fostered, the congregation is more apt to see clergy as people going through similar sorts of struggles, thereby reducing unrealistic time and identity demands, and supporting the perception that help is available for clergy. Congregants seeking to offer emotional support to pastors could

¹The measure of clergy support was asked in a social network module that was part of the Clergy Health Initiative Longitudinal Survey. Clergy were asked: "Please list the first and last name of current or former United Methodist clergy in North Carolina whom you turn to for support." Respondents could add up to three names. For each clergy member the main respondent identified, they were asked, (1) "How often do you go to [name] for emotional support?" (2) "How often do you go to [name] for support with vocational matters, such as advice, information, or skill-building?" (3) "How often do you go to [name] for spiritual support?" Each question was coded from 1 = "Never" to 9 = "Almost every day." For each of these three measures of clergy support, we averaged the scores across the number of people the clergy identified in their network. In no case was the interaction between changes in divine struggles and clergy support significant for any of our four outcome measures of well-being.

extend warmth and space while leaving space for the pastor to be authentic (Bloom 2019) or spend informal time engaging in meals or similar hobbies with clergy. Our findings on the beneficial role of divine struggles add to this body of work by suggesting that, with discernment, the benefits of some friendships between clergy and laypeople could possibly outweigh the potential harm. Finally, congregants may be unaware of the effect that they can have on clergy well-being, so initiatives which bring to congregants' knowledge that they can be an important source of support for clergy experiencing struggles of faith would be important information to communicate.

Considered as a whole, this study adds to the growing body of literature describing the associations between divine struggles and health (Exline, Grubbs, and Homolka 2015; Upenieks and Schieman 2021; Wilt, Exline, and Pargament 2021). We studied a range of outcomes related to well-being, including depressive and burnout symptoms, demonstrating with longitudinal data that increasing divine struggles among clergy were associated with lower well-being, with emotional support attenuating most of these pernicious associations. Though clergy can be deeply impacted by several stressors in the workplace, we show that divine struggles, net of other occupational characteristics, are also harmful for well-being, but that a supportive congregation may help clergy work through divine struggles. We would encourage future research to build on our findings, paying attention to spiritual struggles among clergy and the possible resources at their disposal that can foster clergy resilience and ultimately protect well-being.

ACKNOWLEDGMENTS

We thank Rae-Jean Proeschold Bell for helpful feedback on an earlier version of this paper.

FUNDING

This research was supported by a grant from the Rural Church Area of the Duke Endowment.

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