

Clergy more likely to suffer from depression, anxiety

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The demands placed on clergy by themselves and others put pastors at far greater risk for depression than individuals with other occupations, a new study by the Clergy Health Initiative at Duke Divinity School has found.

The study, published this week in the *Journal of Primary Prevention*, compared the mental [health](#) of 95 percent of the United Methodist clergy in North Carolina (1,726 pastors) to a [representative sample](#) of Americans and identified key factors that predict [depression](#) and [anxiety](#). Clergy participants were predominantly male (75 percent) and white (91 percent); the mean age was 52 years old.

The study, conducted in 2008, found the depression rate among clergy to be 8.7 percent when responses were limited to telephone interviews that closely approximated the conditions of a [national survey](#) (the 2005-06 National Health and Nutrition Examination Survey study). However,

among clergy taking the survey via Web or paper, the rate of depression was even higher: 11.1 percent—double the then national rate of 5.5 percent.

Anxiety rates among clergy were 13.5 percent (no comparable U.S. rate was available). More than 7 percent of clergy simultaneously experienced depression and anxiety.

A number of factors were found to be powerful predictors of depression and anxiety, most notably job stress. Clergy engage in many stressful activities, including grief counseling, navigating the competing demands of congregants, and delivering a weekly sermon that opens them up to criticism. The strain of these roles is further amplified by having to switch rapidly between them, which other studies have shown to exacerbate [stressful experiences](#).

Furthermore, the study found that pastors' sense of guilt about not doing enough at work was a top predictor of depression, and that doubt of their call to ministry was a top predictor of anxiety. Pastors with less social support—those who reported feeling socially isolated—were at higher risk for depression.

By contrast, pastors reporting greater satisfaction with their ministry were half as likely to qualify for depression or anxiety.

"Pastors may have created a life for themselves that is so strongly intertwined with their ministry, that their emotional health is dependent on the state of their ministry," said Rae Jean Proeschold-Bell, the Clergy Health Initiative's research director, and assistant research professor at the Duke Global Health Institute. "So it's possible that when pastors feel their ministry is going well, they experience positive emotions potent enough to buffer them from mental distress. Of course, the converse is also true."

The rates reflected in this survey represent the percentage of individuals who reported symptoms of depression and anxiety over the previous two weeks only. It is probable that a far higher percentage of clergy experience depression or anxiety at some point during a lifetime spent in ministry, Proeschold-Bell said.

"It's common for public health professionals to ask pastors to offer health programming to their congregants," said Proeschold-Bell. "These findings tell us that we need to reverse course and consider how to attend to the mental health of pastors themselves."

While pastors can proactively take steps to bolster their mental health—by taking vacation and Sabbath time, fostering friendships outside the church and seeking counseling—there are many ways for others to support these efforts, too, Proeschold-Bell said.

Seminaries can train their students to anticipate competing demands on their time and negotiate conflict. Denominational officials can praise clergy for their efforts, particularly when those pastors are serving churches roiled in conflict. And congregants can support their pastors by volunteering for tasks and following through on commitments, letting pastors know when they are moved by their work, and making it possible for pastors to take time away from the church.

The research is part of a longitudinal study conducted in 2008, 2010 and 2012; it is scheduled to continue in 2014 and 2016. The 2010 data yielded no significant changes to depression and anxiety rates found in the 2008 data. The data from 2012 is still being studied. Additional information about the Clergy Health Initiative and its research is available online at www.clergyhealthinitiative.org.

More information: link.springer.com/article/10.1007/978-1-4939-013-0321-4

Provided by Duke University

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