Health interventions for clergy must counteract need to put others first

June 28 2012

Clergy's practice of putting others first can be detrimental to their own health, say researchers at Duke University.

Pastors have been found to have higher-than-average rates of chronic disease and depression. But it may be difficult to get pastors to seek care because they typically default to caring for others first.

Duke researchers have been trying to design health programs that will be more effective for clergy, given these tendencies.

"Clergy recognize the importance of caring for themselves, but doing so takes a back seat to fulfilling their vocational responsibilities, which are tantamount to caring for an entire community," said Rae Jean Proeschold-Bell, research director of the Clergy Health Initiative at Duke Divinity School and assistant research professor at the Duke Global Health Institute.

"Many pastors equate self-care with selfishness," Proeschold-Bell said. "They feel they need permission to take the time to attend to their health. A health intervention aimed at clergy must address this tendency head-on."

Her group's latest study, published June 13 in the *Journal of Prevention & Intervention in the Community*, underscores the need to place preventive care programs for clergy in the context of their beliefs, congregational expectations and church polity. The findings are drawn

from in-depth focus group data from 88 United Methodist clergy in North Carolina. Duke maintains a historic affiliation with the United Methodist Church.

To succeed, health intervention programs must overcome a variety of potential barriers named by clergy: cost, distance, pastors' unpredictable work schedules and fear that mental health issues will be discovered and stigmatized by congregants and supervisors.

The focus group clergy also emphasized that any health intervention must demonstrate the connection between physical, mental and spiritual health.

Research by the Duke Clergy Health Initiative has found that compared to other North Carolinians, United Methodist clergy have higher-than-average rates of obesity (40 percent versus 29 percent), as well as higher rates of diabetes, asthma, arthritis and hypertension. They also exhibit symptoms of depression at nearly double the national average: 10.5 percent vs. 5.5 percent.

Yet, despite reporting higher rates of chronic disease, these clergy were more likely to say their health did not affect their ability to do their work.

"Clergy perceive themselves to be much healthier than they actually are," said Proeschold-Bell. "They don't always recognize that they need help. That makes it all the more important that we design health interventions that pastors are likely to accept."

The Duke Clergy Health Initiative is testing this idea through a multi-year health intervention called Spirited Life.

More than 60 percent of the United Methodist clergy in North Carolina

are currently enrolled in the program, through which they receive two years of intervention services. The program is theologically grounded and is the first study to combine weight loss and stress management interventions into a single program lasting more than 12 months.

Provided by Duke University