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PREVENTATIVE MENTAL HEALTH MEASURES FOR MINISTERIAL LEADERS

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PREVENTATIVE MENTAL HEALTH MEASURES FOR MINISTERIAL LEADERS

by

Claire Phypers

Submitted to the School of Honors Committee

in partial fulfillment

of the requirements for University Honors Scholars

Southeastern University

2023

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2023

Dedication

I dedicate this thesis to the pastors who have long carried the weight of ministry on their shoulders while bearing a smile from the pulpit. You are seen. You are valued. Your daily life brings people face-to-face with Jesus.

Acknowledgements

This thesis would not have been possible without the support of the faculty and staff at Southeastern University. For the past three and a half years, I have been surrounded by people who have genuinely cared about me and gone above and beyond to help me succeed. It is because of these individuals that I truly realized the calling on my life and the ways that God so beautifully blends social work and ministry.

I specifically want to thank my thesis advisor, Dr. Melanie Bergeron, for believing in me and always pushing me to go deeper in my way of thinking. You understand my brain in a way that makes me feel so seen, and it has made this process feel all the more special.

Lastly, I would like to say thank you to each of the pastors and ministry leaders in my life who have shaped me into the person I am today. Your obedience and vulnerability matters, and it is the reason that this thesis even exists.

There are not enough words to express my gratitude to each person involved in making this study happen. Thank you, truly, for all that you do, and more importantly, for all that you are.

Abstract

Pastoral care and responsibilities come with a particular weight that can feel overwhelming at times for those engaged in ministry. In a world where mental health seems to be making all the headlines, there appears to be an overall lack of conversation surrounding the emotional well-being of clergy. This thesis aims to create a more holistic perception of mental health among ministerial leaders and pinpoint preventative measures that can be put in place to protect the hearts and minds of pastors as they fulfill the callings on their lives. In conducting this research, a mixed-method survey was completed by twenty-one participants in which questions were answered surrounding perception of and interaction with mental health in their ministerial careers. The results of this study implied that there are gaps pertaining to awareness, counseling, and familial implications in regards to pastoral well-being. Looking forward, preventative measures such as shifts in curriculum, access to counseling, and implementation of regular self-care practices can lead to reduced burnout among ministerial leaders and help point to a happier, healthier life-style.

KEY WORDS: MENTAL HEALTH, MINISTERIAL LEADERS, PREVENTATIVE MEASURES, BURNOUT, SELF-CARE

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Chapter 1: Introduction

Throughout the history of humanity, there has been a sense of order that seems to prevail over chaos. There are traditions that arise to bring about organization and leaders that take power, bringing with them a perception of order and consistency. The universality of a desire for leadership seems to be written on the hearts of mankind – pointing us in a direction that goes beyond ourselves. In acknowledging the importance of leadership, specifically within the context of the Church, it is crucial that we take a holistic approach to our view of those who have been called to shepherd. These individuals are not exempt from the hardships of life, and they have been appointed to serve their congregations with wisdom and compassion. But what happens when pastors forget to show themselves that same sense of compassion? What happens when the isolation and hardship of shepherding a flock causes the mind of the shepherd to wander nearer to the cliff's edge? It is in questions such as these that the mental health of ministerial leaders slips into focus. Ultimately, the loneliness, busyness, and burnout of pastoring causes a particular disposition towards mental health issues that must be addressed and acted upon.

Time and time again, I have seen church leaders in my own life fall into the trap of valuing their congregation's opinions over their mental health. I have watched as the passion behind their ministry became a shell of what it once was – prayers turned into passing comments and worship turned into the scanning of a room. I could always tell that something was “off,” but I never really got context regarding the “why” behind it all. According to a study completed in 2021, more than 1 in 10 pastors admitted to contemplating suicide (Rush to Press, 2021). This statistic is staggering and heart-breaking on so many levels. With the potential of working in ministry myself one day, I hope to do all that I can to avoid struggling to a finish line rather than walking in consistency. Valuing my own mental state and taking the appropriate measures to

protect it must become a priority – it cannot be the thing that is sacrificed when tasks need to be completed or people need to be cared for.

Future ministers and current ministers alike must recognize the patterns within themselves and their congregations that lead to unhealthy thought processes and habits, and do the necessary work to create new paths that are sustainable and honoring to the Lord. If done well, this not only benefits the shepherds, but the flock as well – they become attuned to a shepherd’s voice that is not faint or distant, but instead, is close and authentic. Ultimately, there is a certain laying down of self that occurs when a pastor chooses to “seek peace and pursue it” (*New International Version Bible*, 2011, Psalms 34:14). My prayer is that this pursuit goes beyond what is outward and permeates the corners of pulpits that have long forgotten the warmth of a deep-rooted joy.

The aim of this study is to use both empirical research and the personal experiences of pastors to help create a more *whole* perception of emotional and mental health within the realm of church leadership. My research will be centered around preventative mental health measures that can be put in place to help these leaders as they live out the calling to shepherd that has been placed on their lives. In my next chapter, I will examine the literature that is already available surrounding this topic and the overall implications of pastoring. In Chapter 3, I will provide a methodology for conducting my own research – reaching out to pastors from various backgrounds with a survey surrounding their perception and experiences of mental health within the Church. In Chapter 4, I will look at the results of my research, recognizing and formulating some common themes among those who participated. Finally, in my last chapter, I will provide some conclusions about mental health and church leadership.

Chapter 2: Literature Review

In our current society, there is a growing emphasis on the manner in which pastoral staff approach and care for the mental well-being of their congregants – people are diving head-first into identifying which patterns and thought processes help and which ones hurt. With that being said, there seems to be a lack of conversation surrounding the mental health of ministerial leaders and the practical steps that need to be taken in order to protect the minds of the clergy. In examining the literature regarding this topic, the available information can be divided up into a few main categories: *the mental/physical health of pastors, the etiology and treatments of depression, coping mechanisms among clergy, and a need for self-care.*

The Mental/Physical Health of Pastors

The hardships of ministry are laced all throughout scripture. We see in the Old Testament how the prophets – the chosen mouthpieces of God – face feelings of isolation and hopelessness that prove to be overwhelming. Elijah asks the Lord to kill him, believing that he is a failure, and Jeremiah is often referred to as “the weeping prophet.” These people, who are on the “Mt. Rushmore” of biblical figures, battled mental hardships that chipped away at their peace. Despite the fact that they were chosen and called by the Lord, the mental and physical implications of ministering to the lost affected them in ways that touched every part of their lives.

In an article addressing pastors’ unique exposure to burnout and psychological issues, Amy Simpson puts forth various studies and statistics regarding depression among church leaders. According to one study that was carried out by Duke University, pastors reported experiencing depression at two-times the rate of the American public (Simpson, 2014). This statistic is staggering, and points to just how low many pastors in America go on their ministry journeys. In addition to explaining church leaders’ experiences with depression, Simpson also

highlights the factors that frequently contribute to these experiences. She calls attention to the fact that 25% of people seeking help for mental illness go first to a pastor – a number that is greater than those who initially seek out a clinician (Simpson, 2014). Overall, this article proves to be quite beneficial in understanding the roots of pastoral burnout and depression and establishes potential foundations for future prevention.

An additional factor that must be considered when analyzing the mental health of ministers is their exposure to secondary traumatization. Time and time again, pastors are met with congregants who step into their offices and unload their trauma. This repetitive exposure to tragedy impacts the thought processes and behaviors of those who listen. When their answers on The Maslach Burnout Inventory and The Traumatic Stress Institute Belief Scale were analyzed, a group of clergy members reported scores that mirrored those of mental health professionals (Hendron et al., 2012). This implies that pastors are experiencing trauma-related stress in a similar manner to counselors, yet, unlike counselors, are not receiving the appropriate training to cope with this stress. Ultimately, these large levels of cortisol have impacts on ministers that go beyond the mental realm. In one study completed by Proeschold-Bell and LeGrand (2010), it was found that among male clergy members between the ages of 45 and 54 years old, obesity rates were 14.2% higher than their non-clergy counterparts. These same clergy members also experienced serious chronic illnesses, like diabetes and high blood pressure, at higher levels (Proeschold-Bell & LeGrand, 2010).

Continuing to touch on the mental health side of things, a key component of pastoral burnout to examine is the concept of compassion fatigue. Compassion is an integral part of caring for others – it reflects one's overall capacity to be moved emotionally by the experiences of individuals outside of themselves and take action accordingly (Snelgar et al., 2017). In

combining emotional intelligence and empathy, people can exercise compassion and work to better cultivate the way that they comfort those who may be struggling. For professionals who are continuously working with vulnerable people and communities, the amount of emotional availability that they have to give may feel as though it lessens over time – this is where compassion fatigue enters the picture. “Those who experience such fatigue show symptoms of hopelessness, lack of pleasure, anxiety, stress, sleeplessness, and an overall negative attitude towards life” (Khan et al., 2015, p. 286). Compassion fatigue affects the way people interact with the world around them and care for the people in front of them. There is a certain desensitization towards suffering that occurs for those who see it and carry it often – it is heavy and its weight cannot be borne alone.

In a study conducted at Nelson Mandela Metropolitan University, it was found that high levels of spiritual intelligence are associated with increased intrinsic motivation, and strong intrinsic motivations can negate the feelings associated with compassion fatigue (Snelgar et al., 2017). Ultimately, this means that the more an individual stewards their spiritual awareness and discipline, the more empowered they will feel to do the work set out before them with a sense of sustainability and purpose. Compassion fatigue can feel overwhelming and inevitable at times, but if ministry is approached from a place of passion and overflow, the depths of burnout can feel less intimidating to confront and eventually overcome.

Taking a closer look at the data provides insight into the correlation between the mental and physical well-being of individuals who are under large amounts of pressure to both perform and provide. According to a study conducted in the UK in which 4,183 individuals were surveyed, 81% of respondents who experienced issues pertaining to their mental health also saw

adverse impacts on a physiological level (Scott, 2016). Similarly, 71% of these individuals who experienced problems with their physical health reported difficulties with their mental health (Scott, 2016). When the human mind and body are consistently out of balance, the repercussions do not exist in a vacuum – the entirety of the person is impacted. There is an intimate connection between the body and the brain, meaning when one struggles, so does the other. Individuals who experience depression and anxiety have an increased risk of heart disease, asthma, vision issues, persistent cough, hypertension, and gastrointestinal issues (Brody, 2021). When someone is experiencing disorder and/or dysfunction in their mind, their body is naturally going to follow suit. This perspective provides a holistic view of health that is vital in the aim to understand long-term healing and preventative mental health measures for those who are struggling.

Etiology and Treatments of Depression

As a significant amount of the literature points to depression as the main abnormality to arise out of pastoring, it is important to understand the nature and causes of the illness. According to the DSM-5, the official voice of reference among mental health clinicians, major depressive disorder is typically characterized by depressed mood, diminished interest in social activities, and extreme fatigue (American Psychiatric Association, 2013). There is not one single source of depression – it is a multi-faceted illness that must be approached from multiple angles. When analyzing the mental health of pastors, it is important to acknowledge biological predispositions, environmental influences, and sociocultural factors. Viewing the spiritual heaviness of shepherding through a lens of the multipath model of etiology gives both pastors and mental health professionals a better idea of where to start in regards to treatment. No matter the etiology, the DSM-5 makes it clear that consistency and early diagnoses are important in the fight against depression (American Psychiatric Association, 2013).

When it comes to particular types of treatment, psychological and behavioral therapies are typically the best options. Professionals have found that individuals who undergo behavioral activation therapy, interpersonal therapy, or various forms of cognitive-behavioral therapy have the most success in reducing or eliminating symptoms of depression (Sue et al., 2016). This poses questions in regards to what counseling resources are available to pastors and what clinical methods are the most effective among this population. According to a controlled study comparing the counseling experiences of religious individuals, people suffering from depression show the most significant improvement when met with counseling approaches that take into consideration their belief systems. Overall, it was found that clients who received pastoral counseling or religious cognitive-behavioral therapy from non-religious counselors had the most success in treatment (Propst et al., 1992). This may be surprising to some, as one would not typically think that a nonbeliever would be able to effectively tap into the workings of the spirit within a Christian client. However, in these instances, it is important to note that these counselors do not rely solely on their faith when in a session – instead, they use various tools, knowledge, and methodologies to understand the mind of their client in the most thorough way possible. When contextualizing the information from this study with the current state of pastoral mental health, it may be worth it to consider the benefits of clergy members attending faith-based counseling with secular therapists.

Coping Mechanisms Among Clergy

In church environments that are growing increasingly more demanding, pastors are subjected to countless stressors in their everyday lives. Examples of such stressors include financial burdens, religious doubts, lack of free time, and disdain among their congregations. In order to overcome these obstacles, it is important that clergy members have effective and

resourceful coping strategies that go beyond the walls of the church. In a study using a sample of PCUSA (Presbyterian) clergy from around the nation, different combinations of resources and stressors were tested in an attempt to distinguish correlations between effective religious coping strategies and the mental health of Church leaders. The resulting data indicated that stressful life events took a toll on clergy no matter the complexity of their resources. With that being said, in 5 out of 6 instances, religious resource variables indicated a more desirable psychological outcome and an increased deterioration of stress (Ellison et al., 2010). This means that spiritual struggles and coping strategies are likely predictors of well-being among pastors.

On the same chord, the relationship between authentic spirituality and feelings of depression cannot be ignored. In total, there have been at least 444 studies completed relating to the correlation between religious/spiritual involvement and depression between the years of 1962 and 2010 (Bonelli et al., 2012). Overall, 61% of the studies found less depression among the more religious. Based on the data, it is fair to say that involvement with something that transcends self could play a crucial role in the fight against mental illness. This would mean more time carved out for reading scripture, increased opportunities to be discipled, and positive changes in the consistency of prayer. The more pastors lean into and develop their faith, the less burnt out they will feel, and the more likely they will be to remain emotionally healthy in regards to their sense of identity and mental well-being.

A Need for Self-Care

One of the most prevalent and encompassing themes found within the literature surrounding mental health resources for pastors is the concept of self-care. Self-care is a topic that is frequently discussed within the realm of helping professions, such as social work or nursing, but is often overlooked within a ministerial setting. With previously mentioned data

showing that more people are looking towards clergy members than licensed clinicians for initial mental health treatment, it is all the more important that church leaders know what effective self-care practices look like. A prime example of this can be found when looking into the lives of rural pastors. These leaders face certain struggles in relation to isolation and burnout that must be met with the proper tools in order to be combated effectively. After studying the burnout levels of rural pastors via survey and performing follow up telephone interviews, Greg Scott and Rachel Lovell analyzed the loneliness, compassion fatigue, burnout risk, daily spiritual experiences, closeness to God, and marks of good ministry among the pastors who responded. It was found that even when exposed to educational and community-focused resources, it is the lack of emphasis put on self-care that deeply impacts rural pastors the most (Scott & Lovell, 2015).

In order to thrive in their ministry, pastors must uphold effective and consistent self-care practices. In an attempt to better understand which practices are the most common and impactful, Bledsoe and Setterlund interviewed 16 experienced clergy members, asking them a variety of questions relating to their personal views on support systems and rest. The themes that seemed to be recurring were that pastors must be willing to actually depend on the people around them and develop everyday habits that promote a balanced lifestyle (Bledsoe & Setterlund, 2015). This balanced lifestyle means taking the time away from the pulpit to care for their spiritual, emotional, and physical health. Whether it's implementing daily journaling, buying a gym membership, or expanding upon personal boundaries, self-care has the power to positively impact even the smallest elements of pastoral burnout.

Keeping the Sabbath

The biblical precedent for this concept of self-care is found from the very start of scripture. After several days dedicated to creating – to structure, life, ecosystems, and order – God decides to rest on the seventh day. Despite the fact that He is the God of the Universe – void of all imperfection and immune to anything that human beings would label as “burnout,” He ceases the work of His hands in order to delight in creation. “God blessed the seventh day and made it holy” (*New International Version Bible*, 2011, Genesis 2:3). Scripture makes it clear that the Sabbath is holy and set apart. It is prescriptive in nature, meaning it was created *for* humans as a means of rest and worship. Throughout the Bible, God relays the significance of rest through the Law and implementation of daily rhythms pertaining to a “holy pause.” As one of the Ten Commandments mentioned in Exodus 20, human beings are to “keep the Sabbath day holy” (*New International Version Bible*, 2011). From a cultural point of view, it is interesting to note that although rest is a commandment, not a suggestion, it is often cast aside, waiting to possibly be picked back up again “if there is time.” Something that was once deemed as vital has become diluted by obligation. A spiritual practice that was written in stone is made blurry on a weekly basis, and the implications on our hurried lives are difficult to ignore.

In a study in which a group of women began practicing the Sabbath for the first time, six major themes emerged: enhanced self-awareness, improved self-care, enriched relationships, developed spirituality, increased positive perception, and continued changes in Sabbath practices over time (Speedling, 2019). These individuals began to partake in a practice that promotes consistency, reflection, and rest, and as a result, were met with benefits to their overall well-being and perspectives on life. There is a dynamic nature to it all, which seems to be made clear in the last theme that was identified by the researcher. Setting aside required time to rest provides

human beings with the opportunity to take a step back and look within themselves. What they find is often a growing, changing reflection of God that does not need to “earn” rest, but instead, is commanded to abide in it, whatever it may look like in a particular season.

Gaps in the Literature

Although there are quite a few articles centered around the mental health battles associated with ministry and the need for self-care and intentional spiritual practices among pastors, there seems to be a large gap in relation to educational practices and practical steps that can be put into place to combat pastoral depression. It is public knowledge that ministry comes with hardships – pastors openly talk about this and are aware of this fact when they sign up to lead a congregation. The remaining issue is not one of vulnerability, but rather one of action. This paper seeks to address this issue through the conduction of surveys and interviews with pastors across the nation. The ultimate hope is to obtain feedback from these leaders regarding their personal experiences with mental health and their opinions on what practices can be incorporated into church curriculums so that clergy members are educated, rested, and surrounded by community.

Chapter 3: Methodology

In this study, we will take a closer look at the interactions between ministers and the workings of the mind. Ultimately, every human being perceives the world around them in a unique and important way. During this research, we will pull into focus the experiences of pastors in relation to struggles with mental health and highlight any themes that are found in the data. As themes are collected and processed, the hope is to gain insight into how ministerial leaders can learn from the strengths and limitations of those who have gone before them and work to create healthy habits and boundaries that will protect their mental health moving forward. As information is gathered, it will be organized and presented to new and seasoned leaders alike, providing pathways of freedom and preparation for those stepping into a work environment that is historically taxing.

Research Design

The research followed a mixed-methods structure, drawing from both qualitative and quantitative data that was collected over a closed time interval. This allowed for insight into magnitude and frequency as well as meaning and understanding surrounding the research topic. The questions focused around “How are ministerial leaders interacting with their mental health?” and “What preventative measures can be put in place to prevent and/or treat mental health struggles among ministerial leaders?” I hypothesized that some commonalities will be found in the prevalence of perfectionism and lack of rest. I also predicted themes of isolation and that burnout would be found in analyzing the experiences of those who chose to participate in the study. From a preventative standpoint, I hypothesized that participants would suggest time spent in community and prayer as cautionary and protective measures against battles with mental health as a pastor.

Participants

The methodology for this thesis is centered around data collected from pastors and ministerial leaders from various backgrounds and denominations. A survey was sent out to these church leaders through email following the signing of a consent form that explained confidentiality and the intentions behind the research. The survey remained open for responses for a month. Overall, twenty-one participants completed the surveys and their responses were collected anonymously through Google Forms. This was a convenience sample, as each participant was chosen based on connections, availability, and personal access.

Data Collection

The survey that I created has twenty-four questions and each participant received the same Google Form sent via email. I chose to conduct the study in this manner so that there are particular elements of the data that are controlled and offered as a foundation for later conclusions. Overall, the questions are divided into four main categories: *demographics*, *self-reflection*, *current perceptions*, and *future hopes*. This study was submitted to and approved by the Institutional Review Board (IRB), and is ethically sound in its entirety. The hopes of the survey were to gain a better understanding of the gaps in care for those working within churches and learn how to best prevent mental health crises on both individual and large-scale levels.

Chapter 4: Data Analysis

In these results, the questions and responses have been broken down in a manner that separates the quantitative data from the qualitative data with the purpose of enhancing understanding and providing context. Consequently, they have been reordered and reorganized from the way in which they were originally presented to participants in the study. Demographic information will be presented first, followed by recorded statistics and graphs. Lastly, thematic code tables will be displayed along with explanations surrounding each of the themes drawn from participant responses.

Demographics

Participants' Gender

Overall, the majority of participants were male (61.9%), with a total of 13 responses identifying in such a manner. Eight of the participants identified as female, creating a gender demographic that is relatively on-par with ministerial employment. Figure 1 outlines reported gender results.

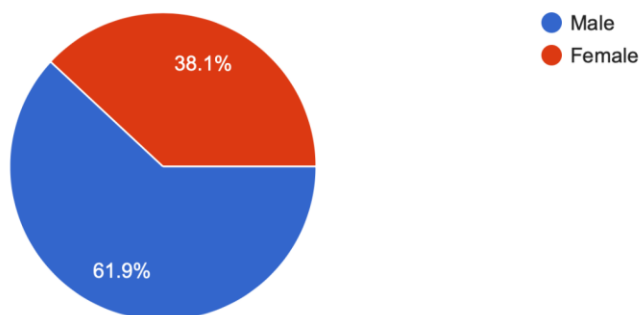


Figure 1: Gender

Participants' Ethnic Background

Out of the seven options presented for ethnic background, participants only identified with three: White, Black/African-American, and Hispanic/Latino. The vast majority of individuals identified as White (90.5%), with only two participants that did not fit into this category. Figure 2 outlines participants' reported ethnic background.

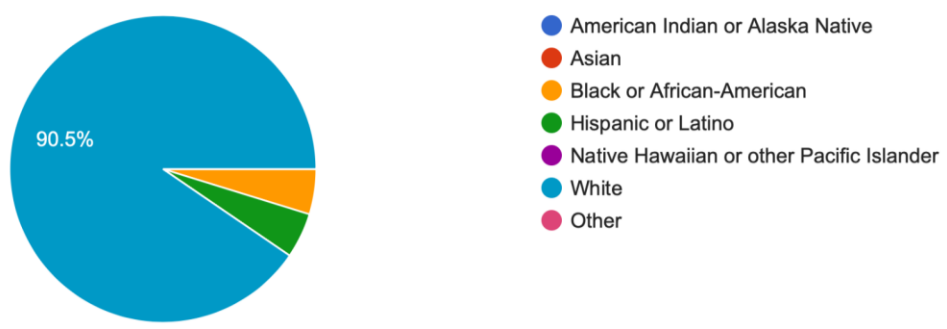


Figure 2: Ethnic Background

Participants' Marital Status

A vast majority of participants in the study were married in comparison with the other marital status options that were available. Of the 21 participants, 61.9% identified as “Married” while 14.3% identified as “Single,” 14.3% identified as “In a relationship,” and 9.5% identified as “Engaged.” Figure 3 outlines reported marital status among participants.

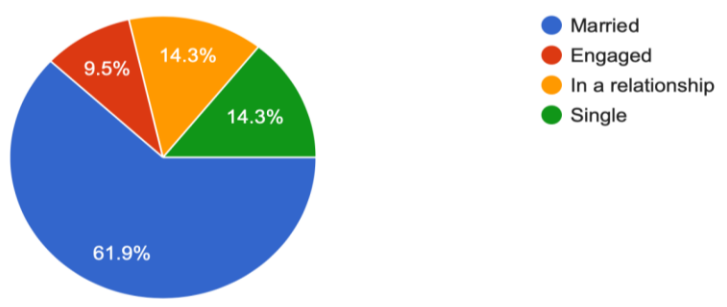


Figure 3: Marital Status

Participants' Church Denomination

The denominational makeup of the participants was somewhat diverse in nature, as five different denominations were represented. Nearly half of the participants identified as “Non-denominational” (47.6%), followed by 28.6% who identified as Baptist. Beyond these two denominations, there were additional participants who represented Assemblies of God (14.3%), Church of God (4.8%), and Presbyterian (4.8%) churches. Figure 4 outlines the denominational makeup of the participants.

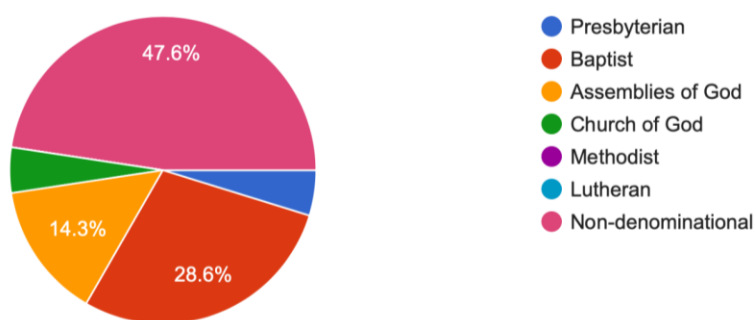


Figure 4: Church Denomination

Participants' Years of Ministry Experience

The participants all came from a wide range of ministry experiences and durations. Starting from less than a year and going all the way to 39 years, there was quite a bit of diversity in regards to exposure, experience, and generational identity. Overall, the median time spent in ministry for church leaders who participated in this study was around 13 years, a number that is fairly representative of the vast amount of knowledge brought forth in the study. Some of the participants had very little experience in their career while others had spent a majority of their lives doing ministry and serving congregations.

Quantitative Data

Burnout Among Participants

In regards to pastoral exhaustion, 81% of participants expressed that at some point during their ministry, they have experienced burnout (Figure 5). If the numbers are broken down a bit more, that means 17 of 21 ministers that were surveyed have dealt with the implications of prolonged stress and fatigue at some level. When asked what burnout has looked like for them, the responses varied, but followed a few major themes. For a large portion of the respondents, burnout presented itself in feelings of “weight bearing” – meaning these individuals found themselves feeling burdened by the weight of all of their responsibilities. Overall, 47% of participants mentioned this sort of burden in their response, meanwhile 41% alluded to exhaustion in some sort of capacity.

Some of the open-ended explanations given by those who reported having felt burnout at some point are simple, but revealing in nature. When asked to describe what being burnt out has looked like for them, one respondent said that they “Shut down and begin to ‘do ministry’ as a function instead of serving in the power and joy of the Holy Spirit.” Multiple participants shared that burnout has caused them to neglect their personal needs, feeding further into the cycle of pouring from an empty cup. “When I have burnt out before, I usually miss the signs leading up to it of neglecting the Sabbath and daily rest. I find it has all hit me at once in a colossal burst as I felt I had to carry the weight of everything and everyone alone and in my own strength.”

Ultimately, participants hit on various aspects of their sense of self that have been impacted by

burnout, identifying a holistic pattern that eats away at the mind, body, and spirit.

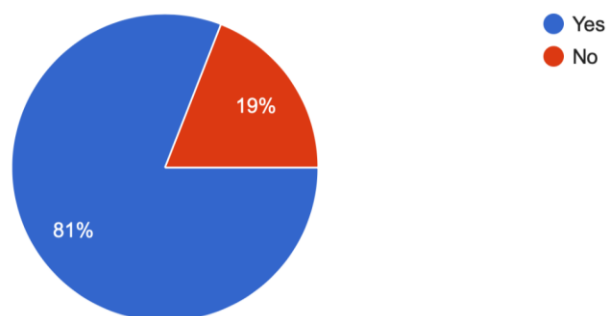


Figure 5: Pastoral Burnout

Pastoral Depression and Anxiety

When asked if they have ever dealt with depression or anxiety, 71.4% of participants responded with “Yes.” Those who answered in such a way were then asked how they navigated those feelings of depression and/or anxiety. The question was open-ended in nature, and participant responses touched on various experiences and strategies pertaining to mental health struggles from a pastoral point of view. Many of the participants mentioned counseling and/or medication as an effective tool in overcoming their mental struggles. Others mentioned leaning on the people closest to them and having vulnerable conversations. Overall, one of the most consistent elements found in the responses was reliance on some sort of spiritual practice, with 33% of participants mentioning prayer specifically in their efforts to combat depression and/or anxiety.

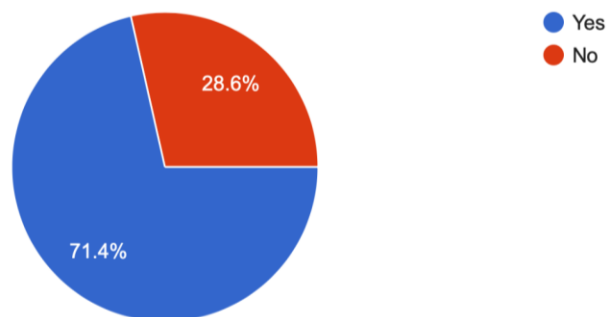


Figure 6: Depression and Anxiety

Relaxed vs. Overwhelmed

Using a Likert scale, participants were asked to rank their daily stress level on a scale of 1 to 10, where 1 is totally relaxed and 10 is totally overwhelmed. All of the participants pinpointed their stress level as an 8 or below, with six individuals each choosing a ranking of 5 or 6. Most of the participants found themselves within the middle range of the Likert scale, with the median ranking ultimately coming in at a 4.5. Figure 7 outlines participants' stress rankings, providing data relating to daily feelings of relaxation vs. feeling overwhelmed.

When asked to explain why they chose the ranking they did, the qualitative data seemed to mirror the balanced nature of the Likert scale results. Many of the participants provided explanations that had neither a positive or negative connotation. "I would define ministry with an overall sense of 'relaxed desperation.' There is a weight to what we are doing, but ultimately, we are not in control. This places appropriate balance on God's sovereignty and man's responsibility." Another similar response from a participant said "I feel as if a little bit of pressure is not a bad thing, but means you are carrying some weight of significance." An additional commonality found in the data was an element of learning, with four participants mentioning that they have developed knowledge and insight overtime, making their job less stressful over the years.

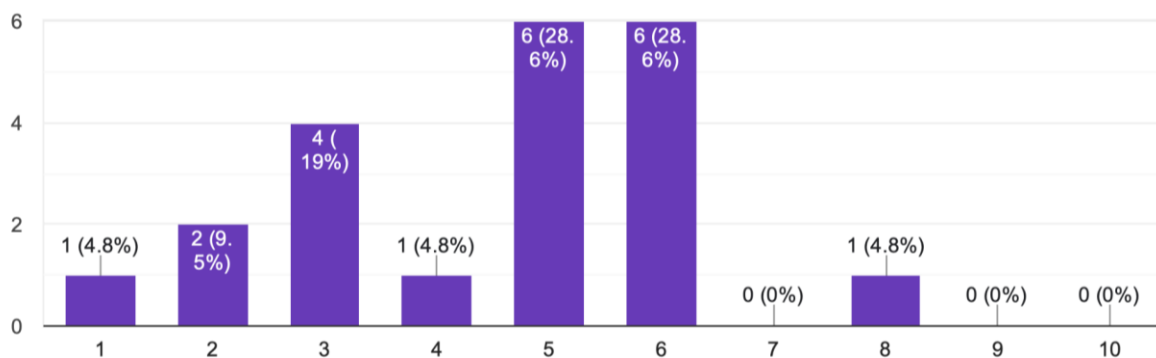


Figure 7: Stress Rankings

Participants' Perception of Preparedness

A list of options was provided regarding participant perceptions of schooling and its general level of effectiveness in preparing them for ministry. Answer choices included the following: “Not at all prepared,” “Somewhat prepared,” “Very prepared,” and “Extremely prepared.” Participants could also write in free responses if they had a varying answer.

Figure 8 reveals participants' reported feelings regarding the extent to which they feel like their schooling prepared them for their ministry.

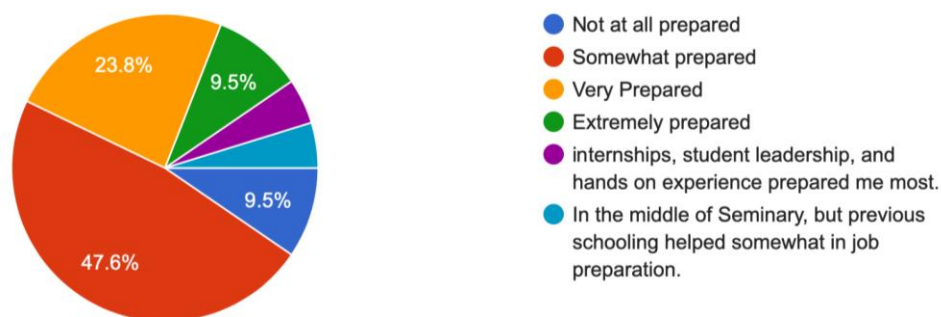


Figure 8: Participants Perception of Preparedness

The largest number of participants chose that their schooling had “somewhat prepared” them for their job (47.6%). Nearly twenty-four percent of participants felt “very prepared” by their schooling. Two ministers out of the 21 who completed the survey felt as though their

schooling had “not at all prepared” them for ministry, with two also reporting the opposite, expressing that they felt “extremely prepared.” In addition to the responses that correlated with prewritten options that were listed, there were two “Other” responses that read as follows: “Internships, student leadership, and hands-on experience prepared me the most” and “In the middle of Seminary, but previous schooling helped somewhat in job preparation.” Overall, the data shows a wide range of opinions regarding this specific question.

Qualitative Data

As previously stated, the surveys also contained open ended questions. The qualitative responses were coded by a team of two coders, myself and my thesis advisor, Dr. Bergeron. The content analysis began using open coding. Two coders began by independently reviewing the first two qualitative question responses. The two coders went through these responses thoroughly identifying and noting all categories that emerged from each. Once both questions were reviewed, the two coders met and compared categories.

Any category that differed between the coders was discussed and a conclusion on which category to use was made. During the open coding stage, coders used relevant quotations from the interviews to add evidence of the category assigned. The coders worked through the interviews until saturation of the themes was reached (Mwita, 2022). As all of the qualitative responses were being analyzed, fewer new categories emerged which indicated saturation. Below is the codebook which provides all of the identified codes, definitions and direct quotes from the interviews to depict each code. This information provides an in depth look into each participant’s experience.

Codebook

Describe your current emotional state in one word, phrase, or sentence.

Code	Definition	Evidence from the survey responses
Content	Included all statements identifying happiness, feelings of joy, peace and excitement.	“Joyfully trying to keep up with all that God is doing in our church & in my personal life” “I feel loved by my church family and excited for new ministries” “Peaceful and content” “Elated”
Stressed	Included all statements surrounding feelings of stress and feelings of being overwhelmed.	“Scattered” “Overwhelmed”
Mixed Feelings	All statements that displayed more than one emotion that appeared to be contradictory in nature.	“I am in the tension of stress and excitement.” “Joyful and tired” “Stressed but excited” “Guarded but healing”

What does burnout look like for you?

Code	Definition	Evidence from the survey responses
Weight-bearing	Included all statements of their workload feeling emotionally heavy and feeling as though they are carrying the weight of the problems.	“I felt I had to carry the weight of everything” “Compassion and numbness to emotional heavy things like child abuse and mental health crises in others” “Carrying a lot of weight”
Overwhelmed	Included all statements of feelings of having too many tasks or too much work.	“I have to do twenty different things to get ready for” “Working too much, having too much on my plate” “Overworking to the point I can give no more” “spend too much time fretting over the amount of work to be completed”
Loneliness	Included all statements identifying feelings of loneliness.	“deep loneliness” “I felt I had to carry the weight of everything and everyone alone and in my own strength”
Exhaustion	Included statements including feelings of tiredness, exhaustion, lack of sleep and compassion fatigue.	“Burnout looks like exhaustion and begin extremely emotional-it often feels like my brain will explode” “Tired, lethargic, unmotivated, despondent, discouraged” “I struggled with sleeping at night” “Mental and spiritual exhaustion” “Compassion fatigue/vicarious trauma through working directly with kids who have experienced trauma”
Self-Neglect	Statements that the respondent had indicating neglecting themselves or self-care	“I usually miss the signs leading up to it of neglecting sabbath and daily rest” “neglecting to be poured into by others, also may neglect daily personal spiritual disciplines”
Stress/Anxiety	Included statements that identified feeling stressed or anxiety.	“night time anxiety” “anxiety” “stressed”

How have you dealt with feelings of anxiety or depression?

Code	Definition	Evidence from the survey responses
Counseling	Included all statements identifying participating in counseling.	“Professional licensed therapy” “counseling” “I’ve gone to counseling and a trusted Christian medical professional for help” “Sought professional counseling”
Medication	Included all statements identifying the use of medication to help.	“anti-depressants” “medication”
Prayer	Included all statements identifying prayer as a tool for dealing with depression or anxiety.	“Prayer and grit” “we pray about the stresses and depression” “More time in prayer and the word” “Spiritual rhythms of Sabbath, deeply studying the Word, prayer” “Lots and lots of prayer and time in the word”
Community/ Friendships	Included statements about use of community, friends, family and social supports as a way to deal with anxiety or depression.	“Community! Vulnerability with people that I trust dearly” “Sometimes I haven’t navigated it well, but most times I talk with my wife” “friendship”
Situational/ Seasonal	Statements that indicate anxiety or depression occurring only during different situations or seasons.	“I believe that I have experienced seasons of solemnness, moods affected by circumstances, prolonged periods of worry” “Anxiety yes temporarily from time to time almost always work related but recently due to personal matters”

How do you cope with difficult situations within your congregation/ministry setting?

Code	Definition	Evidence from the survey responses
Boundaries	Included all statements identifying the need to create boundaries.	“Healthy boundaries” “I also am careful to set healthy boundaries in ministry”
Communication	Included all statements surrounding communication, including confrontation.	“Communication is kind, whether it’s communicating your needs, listening to someone else, or addressing difficult situations” “Discuss with other staff members, my girlfriend, my personal discipleship group and counselor if it has a deep enough effect on me” “Approaching confrontation head on is new and uncomfortable to me, but I have seen the immediate fruits of it each and every time.”
Prayer	Included all statements identifying prayer as a coping tool.	“LITERALLY SO MUCH PRAYER!” “I typically pray” “I do my best to spend time in prayer and be very intentional” “Praying, renewing my mind in the scriptures, community” “Practicing a faithful presence”

Time off	Included statements about taking time off, engaging in hobbies or getting rest.	<p>“I take time. If I need space away from office or church I take it and do something I enjoy”</p> <p>“Having a true day off, finding hobbies and things that help you rest, investing in friendships that are not ministry related”</p> <p>“I go surfing, or skydiving, or play drums”</p> <p>“healthy scheduled periods of rest and relaxation and hobbies”</p>
Community/Friends	Included statements about taking time to be with friends, family or community members.	<p>“talking with a friend”</p> <p>“talk with my husband, talk with mentors, talk with a counselor”</p> <p>“talking to my wife and friends”</p>

On a scale of 1-10 (relaxed-totally overwhelmed), where do you fall most days in your career and why?

Code	Definition	Evidence from the survey responses
Spiritual Focus	Included all statements surrounding spirituality, ministry and relationship with the Lord.	<p>“I do have a great team & have a better sense now in my ministry life”</p> <p>“Our pastors are big on rest and not over working”</p> <p>“Ultimately we are not in control. This places the appropriate balance on God’s sovereignty and man’s responsibility”</p> <p>“high confidence in ministry, a healthy relationship with the Lord”</p> <p>“I want to make sure that I’m living our God’s calling on my life”</p>
Learning	Included all statements surrounding continued learning.	<p>“I’ve learned that almost everything always works out so there is no need to get worked up”</p> <p>“I am in process of learning how to be relaxed but I’m not there all the time”</p>
Mixed	Included all statements where mixed feelings were described.	<p>“I think there is a large toss up of days. Some youth nights are the best and I feel like God is working and then other nights I feel like I am doing the wrong things and not getting through”</p> <p>“Certain days where I am relaxed and certain days I am stressed”</p> <p>“I don’t feel overwhelmed, but I also don’t feel as if my time is wasted”</p>
Content	Included statements about feelings of happiness and calling.	<p>“I feel called to it and do it wholeheartedly”</p> <p>“Joy is powerful and a great antidote for all manner of evil”</p> <p>“I am thankful to be in a healthy state”</p> <p>“the church is so much less stressful and more enjoyable”</p>
Challenges	Included statements about too many roles, feeling overwhelmed, lack of resources, etc.	<p>“Because while health is talked about resources (staffing, pay) are not provided to make it attainable, so you feel shamed but have no tools to fix it and the shame comes from the people that give you no tools”</p> <p>“I like having lots of plates spinning, but it can get stressful”</p> <p>“Challenges with the daily demand of ministry”</p>

What about your role is most difficult for you?

Code	Definition	Evidence from the survey responses
Relationships	Included all statements about building and keeping relationships.	“student relationships” “have interactions that are incredibly difficult but necessary”
Administration	Included all statements surrounding administration and administration tasks.	“Administration” “I am also not gifted with administration, so staying organized is a continual learn for me” “balancing people and administration” “human resources challenges”
Time Management	Included all statements identifying issues with time management.	“not having enough time to spend with people” “being able to spend adequate and quality time in all areas of ministry”
Balance	Included statements about trying to find work/life balance.	“just managing being a working new mom. I feel guilty for leaving my son sometimes” “Balancing work/admin tasks with ministry/discipleship & always being available”
Congregational Care	Included statements about providing care, concern, prayer and support for individuals.	“Being a pastor gives you a front row to the “extremes” of life-salvations, births, weddings, baptisms on the “high end”-and death, grief, sin, loss, addictions, ect. On the “low end”” “having to care for students that struggle with suicidal thoughts or who have been abused. Those are the hard days for me” “Seeing and wanting to help people with their problems, yet knowing I can not do it for them.

To what extent do you feel like your schooling prepared you for your job?

Code	Definition	Evidence from the survey responses
Counseling	Included all statements about the need for counseling classes.	“I think all ministry leaders need to take counseling classes to some degree” “Maybe more on counseling” “Additional education in counseling would be helpful”
Business/Administration	Included all statements regarding administrative tasks, and business.	“How to negotiate contracts” “I wish I would’ve learned more about software such as google sheets” “Managing people and running a business” “I should have taken more time to understand the business side of ministry” “Dealing with managing buildings, properties, taxes”
Conflict/Confrontation	Included all statements regarding confrontation and conflict resolution skills.	“I wish there would’ve been more experience navigating conflict” “CONFRONTATION! If there had been a class on confrontation and how to best handle it” “dealing with power dynamics...especially personal conflicts”
Internal Care	Included statements regarding self care and dealing with stressful situations.	“Interior work, self care” “Just being better at dealing with stress” “Teach mental health life lessons”

What is one piece of advice you would give to a new pastor starting in 2023?

Code	Definition	Evidence from the survey responses
Marriage/Family	Included all statements identifying meeting the needs of family, spouses and friends.	<p>“enjoy your relationship with your spouse”</p> <p>“date night if married”</p> <p>“Check on your spouse often and don’t forget to date them”</p> <p>“Make your family a priority”</p> <p>“If you’re married, don’t forget you have a spouse at home that needs your love and care”</p>
Spiritual	Included all statements surrounding spirituality.	<p>“LISTEN TO THE HOLY SPIRIT IN YOU! God placed you there specifically, so discern the Holy Spirit for yourself.”</p> <p>“Stay close to Jesus”</p> <p>“Run after Jesus not ministry. Your love for Jesus will fuel your love for people and ministry”</p> <p>“Prioritize faithfulness to the LORD”</p> <p>“Prioritize daily quiet time with the Lord”</p>
Self-Care	All statements that discussed self-care and strategies to take care of yourself.	<p>“take care of yourself physically and emotionally”</p> <p>“always keep a Sabbath”</p> <p>“Find a therapist. Delegate”</p> <p>“Learn early to Rest. Learn to take breaks and separate work and home. Make time for rest and your family”</p> <p>“See a counselor, it is healthy”</p>
Calling	Included statements about their calling or the why story.	<p>“Stay rooted in your “why” because without it, you will quit or fail”</p> <p>“Be sure of your calling and don’t quit when it gets hard”</p>

Describe the role of mental health support and/or education within the church.

Code	Definition	Evidence from the survey responses
Self-Care	All statements that discussed self-care and strategies to take care of yourself.	<p>“Just as keeping up with your physical and spiritual health, one must know the importance of what it is to stay mentally healthy.”</p> <p>“Balance rest/Sabbath”</p> <p>“I think church-wide in the U.S. pastors would benefit their churches greatly by having godly mental health experts as guest speakers from the pulpit.”</p> <p>“Pastors carry a significant load and are often the victims of compassion fatigue”</p>
Dismissive	Included all statements surrounding feelings of mental health concerns being dismissed.	<p>“I think it’s getting better but phrases like “whatever you are going through, put it aside as you worship” are problematic. I get it, but in some dark moments, it feels dismissive”</p> <p>“I do think however it’s a topic not talked about much in the church and that is scary to think about”</p>
Vital	All statements that discussed either the need for more services or how vital these services are.	<p>“SO VITAL! Breaking the stigma of mental health always having to be a sin struggle, when we are all simply just human!”</p> <p>It is absolutely essential”</p> <p>“Extremely important to have some kind of resource. Feel very lucky that SEU provides so many resources.”</p>

		<p>“Important and needed”</p> <p>Needs to be more”</p> <p>“That support will hopefully catch a shepherd before they reach total burn out and leave ministry.”</p>
Partnering	All statements including partnering with other agencies or organizations.	<p>“I think the best support a church can give is gospel counsel and encouragement, and then have great biblical counselors who can help come alongside members who might be struggling and need additional professional trained help in this area”</p> <p>“Best case is that these two institutions work together”</p> <p>“Our church does well at partnering with and promoting counseling for staff and members as well as encouraging”</p> <p>“Additionally our church partners with a counseling agency and they have offices in our church for member care and staff care. “</p>

Is there a stigma attached to mental health and pastoral leadership? If so, what is it?

Code	Definition	Evidence from the survey responses
Yes	Included all statements that agree that there is a stigma attached to mental health and pastoral leadership.	<p>“Absolutely. That its your own fault”</p> <p>“Yes. There is a stigma that you cannot be more human than the rest as a pastor-when we all need support and the Lord just the same”</p> <p>“Yeah, if a man seeks help he feels that he is a failure”</p> <p>“Yes, there is a thought that if you are in ministerial leadership, you can’t partake in counseling since this would be a red flag.”</p> <p>“Definitely. A pastor who needs a counselor is “less spiritual” because he doesn’t have it all together and/or doesn’t know how to “fully lean on Jesus””</p>
No	Included all statements that feel there is no stigma attached to mental health and pastoral leadership.	<p>“Not for me. I know some colleagues who are church staff or pastors who feel it is only necessary in crisis which is a stigma I disagree with.”</p> <p>“Not too much. I hear that there is but think it is exaggerated”</p>
Changed over the Years	Included all statements that feel there was a stigma attached to mental health and pastoral leadership but it has lessened over time.	<p>“I sense there was in older generations, but I don’t feel that in this day and age as much. I think we’ve seen way too many burnouts, moral failures, crash and burn stories to turn a blind eye to it all.”</p> <p>“In older, traditional churches, there is a stigma that medication is always wrong, counseling is only for broken people...however I think a lot of churches have taken very positive steps and the stigma is broken more often than not”</p> <p>“I don’t know the answer to this. 20 years ago, I would say yes, definitely, however not he conversation seems to have shifted and if anything there is a widespread assumption that all therapy is positive and helpful”</p>

What gaps surrounding this topic need to be filled?

Code	Definition	Evidence from the survey responses
Counseling	Included all statements identifying the need for counseling or the importance of counseling.	<p>“COUNSELING FOR PASTORS!”</p> <p>“We as pastors need to normalize counseling. We need to help our congregation understand it’s okay to go to counseling. We also need to help our congregation recognize its human nature to struggle and it’s okay to seek help.”</p> <p>“Who can help us? How do we pursue health (holistic but including mental health.”</p>
Awareness	Included all statements regarding raising awareness surrounding mental health and the stigma around it.	<p>“The acknowledgement that mental health affects everyone. Including Pastors.”</p> <p>“We need to speak openly about our experiences with this. As well as refer our pastors for this care. Most pastors need this. It is a very isolating line of work.”</p> <p>“What are we talking about when we talk about mental health? Who are the experts? What is wrong with us?”</p>
Family	All statements that indicated the importance of family and caring for the whole family.	<p>“Seeing the pastor and his family as a whole. Often pastors’ families are seen in unhealthy ways, especially their own wives. Wives are expected to work in the church just as much as the pastor, even though she may have her own career. The children need to be perfect and attend every function for their age group. The mental health of a pastor’s family impacts his mental health.”</p>

How do you wish you would care for yourself?

Code	Definition	Evidence from the survey responses
Counseling	Included all statements identifying the need for counseling services.	<p>“I think counseling is a great way to care for myself”</p> <p>“I would enjoy seeing a biblical counselor periodically”</p> <p>“I wish I had a therapist”</p>
Improvements	Included all statements surrounding improvement of certain skills and the changes they would make to better these skills.	<p>“I wish I could get better at planning as to avoid more stress altogether”</p> <p>“I wish I would not procrastinate on things as much and be more disciplined with my time!”</p> <p>“Be more gracious”</p> <p>“I wish I was less hard on myself and didn’t stress so easily”</p>
Self-Care	All statements that discussed self-care and strategies to take care of yourself.	<p>“Taking five minutes longer on things to help make them healthier (like make the bed)”</p> <p>“Maybe a massage or two in an exotic location”</p> <p>“I’m sure a few extra days off or vacation time would not hurt throughout the year-which is really in my own control.”</p> <p>“Being more intentional about getting physical and spiritual rest”</p>
Doing Well	Included statements about already doing well in this area.	<p>“I am caring well for myself”</p> <p>“At this point in my life, I feel like care well for myself”</p> <p>“I think I have done a great job with my spiritual and physical health to this point.”</p>

How do you wish your congregation would care for you?

Code	Definition	Evidence from the survey responses
Praise	Included all statements identifying the need for praise and encouragement.	<p>“Encouragement goes such a long way”</p> <p>“Encouragement is always very helpful”</p> <p>“I think ‘Thank You’s’ are good for the soul. Pastors never should work for recognition, but that doesn’t mean a pastor shouldn’t be recognized.”</p> <p>“Give public thanks”</p>
Own responsibility	Included all statements of feelings that the congregation should not be obligated to provide care.	<p>“I don’t have any thoughts about this. I am responsible for my own care.”</p> <p>“We should not expect our own congregation to care for us in that manner.”</p>
Met this standard	All statements that shared their congregation already cares for them.	<p>“I feel well cared for by our congregation-they are supportive, encouraging, and care well for me and my family”</p> <p>“I feel like they do”</p> <p>“I feel well cared for by most the people”</p> <p>“They have done a great job of letting me that they love and appreciate me”</p>
Needs	Included statements about needs and wants from the congregation.	<p>“hire more people to help”</p> <p>“A more concerted effort to give spiritual rest from ministry (not vacations)”</p> <p>“Maybe having more people check in on a day-to-day basis”</p> <p>“I don’t think they realize how much I financially struggle. A simple thing like a meal delivered or a coffee Venmo means the world.”</p>

How do you wish your congregation would care for others?

Code	Definition	Evidence from the survey responses
Care	Included all statements identifying caring for others.	<p>“Care for others without an agenda”</p> <p>“To love them without judgment and wholeheartedly”</p> <p>“Continue to care for the poor”</p>
Met this standard	All statements that shared their congregation already cares for others well.	<p>“Through continuing to do what it is doing”</p> <p>“I feel they do fairly well”</p> <p>“Our church congregation as a whole is good at showing care”</p> <p>“Again, my congregation does a great job loving each other”</p>
Spiritual	Included statements about spreading spirituality and the Word.	<p>“Truly care as Jesus does”</p> <p>“Offering spiritual wisdom AND practical steps towards counseling.”</p> <p>“This is a gospel culture that when rooted in rich gospel doctrine allows people to truly flourish”</p> <p>“I hope they pray for one another.”</p> <p>“We expect our congregation to model a “gospel culture” for one another-one that is serious about God, thank for his grace and mercy, and commits to living meaningful life together in the family of God as brothers and sisters in Christ”</p>

Chapter 5: Conclusion

This study was an attempt to better understand the patterns and gaps regarding the mental health of ministerial leaders. Twenty-one individuals who work in some sort of ministry capacity were surveyed, and the results brought about particular themes and statistics that are vital to understanding what can be done from a preventative perspective in caring for the overall well-being of pastors. Generally speaking, there is much to consider in analyzing the data. Whether someone is a minister themselves or chooses to forgo faith, the information and experiences that were collected in this study are important for all to consider in the realm of mental health and collective care. The data points specifically to commonalities in struggle among leaders and speaks to the weight that comes with caring deeply for those who have been entrusted into pastoral care. Anxiety, burnout, and exhaustion may loom, but this study points to a hope that does not go away without a fight.

Results

In completing this research, the questions at hand were as follows: *“How are ministerial leaders interacting with their mental health?”* and *“What preventative measures can be put in place to prevent and/or treat mental health struggles among ministerial leaders?”* Taking a look at the first question, the responses among participants stretched across a wide range of perspectives, but were revealing in nature. In first identifying the prevalence of mental health struggles in general, it was found that 71.4% of the participants had experienced depression or anxiety at some point in their ministry, and 81% had experienced burnout during their career. These numbers make it clear that mental health is in fact a topic of importance for ministerial leaders as a majority of those surveyed could relate to some sort of negative experience mentally/emotionally.

With the prevalence of mental health issues established, we can then take a closer look at how the ministers are interacting with their mental health, whether it be in a positive or negative light. This study found that when faced with difficult situations, participants' coping mechanisms were rooted in community, seeking counsel, and leaning into spiritual practices. In fact, the data shows that 35% of participants specifically mentioned talking to and/or spending time with friends or a significant other when answering an open-ended question surrounding coping. This statistic is interesting to note in relation to the connection between isolation and burnout. It can be inferred that the less connections ministers have with individuals outside of their congregations, the more likely they are to fall into and stay trapped in a state of burnout and struggle.

Overall, there are a few key elements that are interlaced throughout the data as a whole. Some of these were mentioned specifically in various question responses, as noted in the codebook, while others were mentioned in one particular question and alluded to throughout the data. A few of the major themes that were presented by the participants included self-care, counseling, importance of work/life balance, and heaviness associated with responsibilities/care.

When asked if they believe there is a stigma attached to mental health and pastoral leadership, the participants' answers varied. Some ministers felt as though they do not have the freedom to admit "weakness" and that there is a pressure to remain free from imperfection as someone who is helping others navigate their struggles. "There is a stigma that you cannot be more human than the rest as a pastor." On the other hand, there were also participants who had never personally experienced the stigma or felt as though it was exaggerated. An interesting theme found in the responses to this question was an overall feeling that there has been improvement in relation to negative perception surrounding mental health in the Church over the

years. This is encouraging on several levels as we look with hope towards a future where pastoral well-being is prioritized on all accounts by the congregations that they lead.

In regards to perceived gaps pertaining to the mental health of ministerial leaders, there are three main themes that were pinpointed by participants: awareness, counseling, and familial implications. Overall, there is simply a need for congregations to acknowledge the presence and importance of mental health from the pulpit. Many individuals may not be aware of what mental health actually pertains to or why it matters – this general education and familiarity knocks down walls that may have been created over the years and opens up doors for ministers to talk to those around them about their personal struggles.

From a practical point of view, counseling is necessary and needed to help leaders within the Church talk through their issues in a safe and trusted environment. Throughout the study, participants mentioned counseling as something that they have either personally been a part of or identified it as something that they would like to see more of in the future. An additional gap that was brought to light in the study is the overall lack of care for the families of ministers, whether that be from the ministers themselves or the churches that they are a part of. The implications of a fractured homelife reach far beyond four walls – the health of familial relationships must be a priority for churches as they seek to care for their leaders long-term.

In the end, both the quantitative and qualitative data points to ministerial leaders as complex individuals with complex emotions and responsibilities. They are in need of care from both themselves and the people around them, and the journey towards such care is extensive in nature.

Limitations

In analyzing this study, there are a few limitations to the research that stand out, and therefore should be addressed. If further research is conducted regarding this topic, these limitations are opportunities for potential adjustments and growth. Starting first from a demographic point of view, there is an overall lack of diversity when it comes to the ethnic background of those who participated in the study. Of the 21 participants, 19 of them identified as White – a staggering number that does not accurately represent the demographic make-up of ministers in the United States. Ultimately, one's background and culture influence the way they view and experience the world. In order to get a fuller picture of pastoral mental health, the sampling pool needs to become more ethnically diverse and the researcher should take cultural nuances into further consideration.

An additional limitation to the study can be found in the number of ministers who chose to participate. Twenty-one participants is not an extremely low number, but it is also not quite as many as was originally anticipated. With that being said, the survey questions were mostly qualitative in nature, making 21 separate chances of gaining responses to 15 different open-ended questions fairly successful in the grand scheme of things. In sending out the surveys, the researcher contacted previous pastors as well as known local ministers. Connections were also made via word of mouth and personal relationships with peers. This then correlates with an additional limitation to the study which can be recognized in the fact that it was conducted using a convenience sample, meaning the participants were selected due to their accessibility to the researcher. Although this aided in the timeliness of the research process, its implications can be seen in the fact that the sample may not be representative of the population at large. In this particular instance, the twenty-one ministers that were surveyed may not fully represent the

beliefs and experiences of ministers in general, particularly ministers that hold views that differ largely from the researcher's or the researcher's inner circle.

Lastly, a major, but somewhat unavoidable, limitation to the study can be found in the fact that it was completed using self-reporting. Self-reporting relies on participants' observations and perceptions of themselves, thus creating room for bias and incongruence with reality.

Although it is reasonable to believe that the ministers that were surveyed during this study have a fair sense of self-awareness, it is impossible to ensure that each participant's response aligns fully with the truth of their situation. On a similar note, bias and incongruence could also appear in the manner in which the qualitative data was coded. Due to convenience, an outside source was not used to aid in the coding process, making the content analysis subject to misinterpretation and bias. In an effort to counteract this limitation, inter-rater reliability was used, creating more than one opinion on the themes and categories that were synthesized from the qualitative data.

Further Analysis

In relation to the research that was gathered in the literature review, the results of the study largely supported what was already known surrounding this topic. The data particularly supports what the literature mentions about the importance of self-care and the influence of religiosity on stress levels. Like ministers that have participated in previous studies, participants put an emphasis on the need to slow down enough to care for themselves and the value that is found in practicing things like prayer and observing the Sabbath. In fact, when asked about what piece of advice they would give a new pastor starting in 2023, nearly half of all participants (47.6%) specifically mentioned self-care or spiritual intentionality in some manner. Based on the literature, this outcome was expected, but still important.

One result of this study that was not mentioned extremely in-depth in the literature is the emphasis that participants put on marriage and family matters. On several occasions, the importance of “checking in on your spouse” was mentioned or alluded to, and in response to the same question mentioned in the previous paragraph, five participants gave advice pertaining to this topic. Overall, there seemed to be an underlying sense of mutual benefit when ministers take the time to “date” their spouse. Not only does this let the person they love know that they are a priority, but it also incorporates a self-care element into the picture for ministers as they seek the space to simply enjoy their partner in the midst of a busy or overwhelming schedule. In contextualizing this data, it can be assumed that if ministerial leaders are not intentional in the ways they care for and interact with their loved ones, their work could add strain to the relationships that matter most, thus impacting their mental health over time.

The final question on the survey that was sent out to participants produced responses that were simple, yet unexpectedly moving. The ministers were asked the following question: *What words does your heart long to hear?* Despite the fact that participants had to input their own answers, nearly half (47.3%) of the responses were the same – “Well done, my good and faithful servant.” No amount of literature can pinpoint the importance of a group of shepherds desiring to hear their Creator call them faithful. In the midst of all the hardship and struggles that come with leading a congregation, there is full surrender and freedom found in words that are already spoken in scripture. As the participants in this study continue to move forward in their ministry, may their focus continue to be on pleasing the Lord with the works of their hands and honoring Him with the intentions of their hearts.

Implications for Practice

This study hones in on the importance of recognizing the needs, struggles, and strengths of pastors beyond the words that they can offer or the comfort that they can provide. It recognizes ministers as people first and highlights the gaps that must be filled in regards to the ways pastors are perceiving and interacting with their mental health. Ultimately, if we want congregations to receive the most quality care possible, intentionality must start from the “top.” If we want pews to be filled with individuals who look like Jesus, pastors must set the example from the pulpit. If we zoom out a bit, it becomes clear that none of this is possible without a certain “stewarding of the mind” and “surrendering of the heart.” Ministers must have the space to address their struggles and do what is needed to “seek peace and pursue it” (*New International Version Bible*, 2011, Psalm 34:14). Seeking anything requires effort, and it is important to recognize that efforts to heal and rest are not hidden with underlying apathy, but rather obedience to the gentle voice of God. The voice that says “My yoke is easy and my burden is light” (*New International Version Bible*, 2011, Matthew 11:30). The voice that speaks promises of a day when every tear will be wiped away (*New International Version Bible*, 2011, Revelation 21:4). The voice that breathed life unto all the earth and continues to do so every day.

As organizations, churches, and institutions aim to train and equip ministerial leaders, I believe there to be a few key elements of curriculum and practice that should be widely implemented. From an educational point of view, Bible colleges and Christian universities should require ministry students to take a select group of core classes pertaining to working as a helping professional. Examples of such classes include Introduction to Social Work, Building Effective Helping Skills, and Human Behavior & the Social Environment. These courses provide valuable insight on what it looks like to care for and understand vulnerable populations while

also protecting against compassion fatigue and burnout. I also believe people pursuing ministry should have to take at least one entry-level business class, as administrative and financial responsibilities play a huge role in leading a church and are a burden that often goes unaddressed. Overall, scripture sets a clear foundation for the heaviness found in shepherding. Incorporating a curriculum centered around navigating this heaviness with evidence-based practice and practice-based evidence sets ministers up for success and increases quality of care among congregations who are seeking out pastoral knowledge and guidance.

From a clinical perspective, I believe that awareness surrounding mental health and active participation in counseling is vital. For some, this may look like individual counseling, while for others, it could take the form of family or couple's therapy. In order to continue to break down stigma and facilitate healing among ministers, internal and relational struggles cannot be pushed to the side or seen as a rare occurrence – vulnerability is powerful and necessary. Although I am well aware of the fact that not all churches can afford it, I recommend that any that can hire on or regularly partner with a licensed mental health professional do so. Having this individual available to staff is wildly important and could potentially make a huge difference in rates of burnout and longevity. If churches cannot afford this sort of thing, leadership should be highly recommending that staff seek counseling services on their own and should work to create spaces of open dialogue as their leaders take the steps to do so.

Recommendations for Future Research

For individuals conducting future research surrounding this topic, I recommend taking a closer look at the gaps that were brought to light by participants and doing what is necessary to develop data that is specific and specialized in the areas of awareness, counseling, and familial implications. There would also be tremendous value found in diving deeper into the variable

factor of generational differences, as the manner in which pastors rest, cope, and heal most-likely follows patterns surrounding age and cultural perceptions. Understanding these differences allows churches and congregants to best understand what their pastors need and approach those needs with intentionality.

Summary

In its entirety, this study captured the manner in which the participants viewed their mental health and the connection between ministry and holistic well-being. As patterns were established, gaps in care were revealed, identifying internal needs among ministerial leaders and their pursuit of balance. Through things like counseling, meaningful relationships, and habitual self-care practices, pastors can protect their mental health and help cultivate foundations of care for future generations.

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Appendix A

Background Information

Name: Claire Phypers

Name of your study/project: Preventative Mental Health Measures for Ministerial Leaders

Potential intended population: Ministerial Leaders

What kind of study will this be (survey/interview/mixed/other): Survey

What do you hope to learn from this study: I hope to learn more about the gaps in care for those working within churches and how to best prevent mental health crises on both individual and large-scale levels.

Appendix B

Survey Questions

Section 1: Demographics

1. What is your gender?
2. What is your ethnicity?
3. What is your marital status?
4. What denomination is your church/ministry?
5. How many years have you been working in a ministerial setting?

Section 2:

6. Describe your current emotional state in one word, phrase, or sentence.
7. Have you ever struggled with burn out?
8. If you answered “Yes” to the previous question, what does that look like for you?
9. Have you ever dealt with depression or anxiety?
10. If you answered “yes” to the previous question, how have you navigated that?
11. How do you cope with difficult situations within your congregation/ministry setting?
12. On a scale of 1 - 10, where 1 is totally relaxed and 10 is totally overwhelmed, where do you fall most days in your career?
13. Why?
14. What about your role is the most difficult for you?

Section 3:

15. To what extent do you feel like your schooling prepared you for your job?
16. What are some issues that you deal with that you wished your schooling prepared you for?

17. What is one piece of advice you would give to a new pastor starting in 2023?
18. Describe the role of mental health support and/or education within the Church.
19. Is there a stigma attached to mental health and pastoral leadership? What is it?
20. What gaps surrounding this topic need to be filled?

Section 4:

21. How do you wish your congregation would care for you?
22. How do you wish you would care for yourself?
23. How do you wish your congregation would care for others?
24. What words does your heart long to hear?

Appendix C

Participant Information/Consent Form

SOUTHEASTERN UNIVERSITY

Title: Preventative Mental Health Measures for Ministerial Leaders

Investigator(s): Melanie Bergeron, Claire Phypers

Purpose: To learn more about the gaps in care for those working within churches and how to best prevent mental health crises on both individual and large-scale levels.

What to Expect: This research study is administered online. Participation in this research will involve the completion of one online questionnaire. The questionnaire will ask for you to answer short answer questions. You may skip any questions that you do not wish to answer. You will be expected to complete the questionnaire once. It should take you about fifteen-thirty minutes to complete.

Risks: There are no risks associated with this project which are expected to be greater than those ordinarily encountered in daily life.

Benefits: There are no direct benefits to you. However, you may gain an appreciation and understanding of how research is conducted.

Compensation: There will be no compensation for completing this questionnaire.

Your Rights and Confidentiality: Your participation in this research is voluntary. There is no penalty for refusal to participate, and you are free to withdraw your consent and participation in this project at any time.

Confidentiality: This questionnaire will ask you to provide basic personal information such as gender, age, and ethnicity. This information will be stored along with your responses for five years in a locked and password-protected computer. Any written results will discuss group findings and will not include information that will identify you.

Contacts: You may contact any of the researchers at the following addresses should you desire to discuss your participation in the study and/or request information about the results of the study:

Claire Phypers cephypers@seu.edu

Melanie Bergeron mebergeron@seu.edu

If you have questions about your rights as a research volunteer, you may contact the IRB Office at Southeastern University IRB@seu.edu

It is recommended that you print a copy of this consent page for your records before you begin.

If you choose to participate: Please, click I CONSENT if you choose to participate. By clicking I CONSENT, you are indicating that you freely and voluntarily agree to participate in this study and you also acknowledge that you are at least 18 years of age and a ministerial leader.