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Care For Pastors: Learning From Clergy and Their Spouses

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Pastors and their spouses face unique challenges because of the nature of pastoral work, and yet most manage these challenges successfully. Five studies are presented which help distinguish between intrapersonal, family, and community forms of care. Pastors rely heavily on intrapersonal forms of coping such as spiritual devotion, hobbies, exercise, and taking time away from work. The marriage relationship is also quite important for most clergy and spouses. Relationships outside the immediate family are not commonly identified as coping resources. Implications are discussed.

KEY WORDS: coping; clergy; clergy spouses; marriage.

The recent movement toward a more positive psychology (see Seligman & Csikszentmihalyi, 2000) reminds psychologists that the profession is larger than identifying and treating dysfunction. In part, this may reflect a reclaiming of the vision inspiring the pioneers of clinical psychology in the United States—a vision that took a significant detour after World War II as clinical psychologists became heavily invested in diagnosis and treatment of psychological disorders (Humphreys, 1996). This more positive vision of psychology invites us to move beyond the study and treatment of dysfunction, to understanding and promoting healthy functioning.

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Though much of the psychological research on clergy has been focused on impairment (Meloy, 1986; Von Strohm, Mines, & Anderson, 1995), burnout (Grosch & Olsen, 2000), and misconduct (Berman, 1997; Brewster, 1996; Davies, 1998; Ruzicka, 1997), the reality is that most clergy function day after day in a relatively stressful occupation, and find ways to adapt and even thrive in their work (Meek, McMinn, Brower, Burnett, McRay, Ramey, Swanson, & Villa, 2003). It is this capacity for clergy and their spouses to cope with the challenges of their lives that we are considering in the five studies reported here.

COPING AMONG CLERGY AND CLERGY SPOUSES

In order to understand positive aspects of clergy coping, we must first look at the larger context of clergy life, including the unique stressors facing clergy and their spouses. The synopsis that follows refers primarily to male clergy and their wives.

Stressors facing clergy include role conflicts, proliferation of activities, discrepancy between amount of time in administrative duties versus pastoral duties, spiritual dryness, perfectionism, no time for study or to be alone, failure of dreams, unwelcome surprise, frustration, feelings of inadequacy, fear of failure, loneliness/isolation, and unrealistic expectations of oneself, the senior pastor, one's congregation, and of one's denomination (Blackmon, 1984; Ellison & Mattila, 1983; Evers & Tomic, 2003; Gleason, 1977; Hall, 1997; Morris & Blanton, 1994a; Ostrander, Henry, & Fournier, 1994). Hatcher and Underwood (1990) propose that possessing a low self-concept could be a source of stress for ministers who feel they must constantly prove their worth, with the result of placing unrealistic demands on themselves.

Stressors reported by wives of male clergy include lack of defined boundaries between family and work, a "fishbowl" existence, inadequate finances, pressure/expectations from congregation and community to fulfill idealized roles, loss of personal identity, loss of control over personal living environment, adjustment to frequent moves, anger, perception of being second class, lack of tangible results of work, loneliness, lack of social support, work related time demands, unwelcome surprises, routine absence of spouse/father, lack of parallel growth, lack of spiritual care, and psychological disturbances (Baker, 1989; Baker & Scott, 1992; Douglas, 1961; Gleason, 1977; Valeriano, 1981). Like their husbands, clergy wives also experience family boundary intrusions to reduce levels of marital and parental satisfaction (Morris & Blanton, 1994b). In one study pastoral couples experienced significantly poorer marital adjustment than non-pastoral couples, and a significantly higher level of loneliness (Warner & Carter, 1984).

At first glance these stressors facing clergy and clergy spouses may seem overwhelming. But many clergy and their spouses handle these stressors well. Healthy adjustment is not so much the absence of stress—which is, of course,

impossible—as the learning and utilization of effective coping resources and skills (Ostrander, Henry, & Fournier, 1994). For the purposes of this review we attempt to consider stress and coping resources within three broad categories: intrapersonal, family, and community.

Intrapersonal Coping Resources

By intrapersonal coping resources we refer to positive factors existing within a person's environment that are not directly experienced as relationships with other humans. For example, previous research has indicated that emotional well-being in clergy is enhanced by having multiple staff members and adequate pay, coping effectively with idealism and high expectations associated with their work, managing surprise well, having a healthy self-concept, experiencing satisfaction with their relationship with God, and having low levels of self-criticism, loneliness, and shyness (Hall, 1997). Meek and her colleagues (2003) found that intentionality was essential in dealing with stress: resilient clergy had a commitment to maintain healthy interpersonal boundaries and a vital connection to God, by having a sense of calling, engaging in spiritual disciplines, and cultivating an awareness of God's love and grace in conjunction with knowledge of self (strengths and limitations).

Clergy spouses also draw on intrapersonal resources to manage the challenges of their lives. These include spiritual resources such as trusting God, relying on the Holy Spirit, praying, and reading the Bible, as well as maintaining optimism, and developing self-esteem (Hsieh & Rugg, 1983). Noticeably absent from Hsieh and Rugg's (1983) findings were reducing anxiety by means of alcohol, smoking, and/or self-punishment, as well as establishing independence (e.g., going to school, time by myself away, and so on). This latter means of coping (self-development) may have changed since the time of Hsieh and Rugg's study. Wives of male clergy today are more likely to have more flexible roles than in previous years, to be highly educated, have employment outside the home, and be less depressed and have higher life satisfaction when compared to their non-clergy female peers (Baker & Scott, 1992). Newer trends in role expectations find wives of male clergy often engaged in employment outside the home, which is experienced as personally rewarding (Baker & Scott, 1992).

Wives of male clergy also find encouragement in certain aspects of their unique role: flexibility of their spouse's work schedule, opportunity to live out one's ideals, enhanced social status in the community, professional courtesies, and some level of financial security (Baker, 1989). It should be noted, however, that these advantages are not experienced by all clergy spouses. Some experience inadequate finances, feeling overwhelmed by their spouse's work schedule, and so on. These disparate experiences are likely related to the size of one's congregation and staff, denominational affiliation, and location in which one serves (Hall, 1997).

Family Coping Resources

Family resources are also important to clergy who cope well (Meek et al., 2003). Clergy with healthy marriages tend to handle the pressure of time and implement effective boundaries, prioritize time with their families, not move frequently, have spouses who are also employed, avoid the “fishbowl” experience by refusing to accept expectations of a perfect family, manage stress well, and have a strong social support network (Hall, 1997). Similarly, wives of male clergy report desiring a close relationship with their husbands (Zoba, 1997), and being encouraged and strengthened by having a devout Christian spouse (Baker, 1989).

But managing family roles is no easy task for clergy and their spouses. Heavy work responsibilities have family implications for most clergy. In one study, wives of male clergy stated that their husbands spend too much time on church work, averaging 9.3 hours per day and typically taking only one day off each week from church activities (Hsieh & Rugg, 1983). Yet many wives of male clergy see their husband’s work as more than a job; it is a special calling, and often the wife feels called as well (Hsieh & Rugg, 1983). Early on, however, from the time of their husband’s seminary training, wives may voice concerns regarding lack of social interaction and anxiety about their future roles as clergy wives (Guthrie, 1961). Wives whose husbands are in training sometimes feel left out, no longer needed, left behind academically and spiritually as if two major institutions are vying for the husband’s time: the family and the church (Guthrie, 1961).

Moy and Malony (1987) explored the dimensions of family cohesion (enmeshment vs. disengagement) and family adaptability (chaotic vs. rigid) in pastoral families. Family cohesion is often demonstrated by the presence (or absence) of boundaries, differentiation, marital and parent/child coalitions, and mutuality. Family adaptability is manifested in role relationships, negotiation styles, rules, and the power structure of the family. Moy and Malony found that clergy families were significantly different from the normative group, with more than expected in the extreme ranges, perhaps due to the high degree of adaptability required. Be that as it may, both clergy parents and children reported a desire to have more cohesive and emotionally connected families.

One of the hindrances to cohesiveness in clergy families is boundary ambiguity, which makes it difficult to distinguish one system from another (Lee, 1988). Undefined boundaries prevent family members from knowing who is in and who is out, thereby creating stress for the family. In many ways the parsonage is symbolic of boundary confusion—it is on the church property, is owned by the church (is the family then also owned by the church?) and at times is even utilized for church functions. Similarly, in most families it is unusual for the members to participate so intimately within the system of parental employment, yet this is exactly the expectation placed upon some clergy spouses and children. How these expectations and roles are played out are not simply a matter of personal preference, but

are often infused with theological conviction and social history—both on the part of the parishioners and clergy family (Lee, 1988). These boundary intrusions are themselves a predictor of reduced marital satisfaction, parental satisfaction, and life satisfaction in general (Morris & Blanton, 1994a).

Although being married to a clergyperson can be challenging and stressful, most wives of male clergy navigate their way through the trials of their husband's work, and do so with skill and grace. Despite some indication that wives of male clergy may experience more emotional exhaustion than their spouses and than non-pastoral males and females (Warner & Carter, 1984), Valeriano's (1981) informal survey found that 90% of minister's wives surveyed experience their roles with joy. Imbedded here is a paradox: the role of clergy wife is both a place of privilege and a place of emotional challenge (Zoba, 1997).

Community Coping Resources

We are also interested in the extent to which clergy and their spouses cope through healthy relationships outside their immediate families. Based on the literature and the studies we describe later, these community resources appear to be sparse for many clergy. Though clergy desire and need friendships (Eckart & Goldsmith, 1984), many have difficulty forming close relationships outside their immediate family because they perceive themselves to be "put on a pedestal" (viewed as paragons of Christian virtue) and "boxed in" by parishioners' expectations of ways pastors should behave (Blackbird & Wright, 1985). These expectations can have an isolating effect. For example, a pastor having a difficult day may be expected to pray about it, whereas a surgeon may have a drink or two with his coworkers. Moreover, parishioners may disapprove of pastors who form exclusionary or special relationships with congregation members (Blackbird & Wright, 1985). As a result, clergy sometimes experience relationships that lack depth and intimacy (Blackbird & Wright, 1985; citing Perlman & Paplau, 1981).

As with their husbands, social support is important to wives of male clergy (Hsieh & Rugg, 1983), but is a difficult endeavor. In one survey 56% of clergy wives reported having no close friends, and one-fifth of the women believed that people shy away from them because they are married to a pastor (Valeriano, 1981). Many clergy wives see self-disclosure as a danger, something that might jeopardize their husband's career (Baker, 1989). Frequent geographic relocations, also often associated with clergy families, are a barrier to the formation of close relationships (Zoba, 1997).

The research reviewed thus far provides a broad landscape of the personal and demographic factors that help clergy succeed in the midst of demanding work. The five studies reported below provide additional information on how clergy care for themselves and, to a lesser extent, how clergy spouses are involved in processes of care.

STUDY 1: COPING WITH SEXUAL ATTRACTION

Meek, McMinn, Burnett, Mazzarella, and Voytenko (2004) sent questionnaires to 1366 graduates of five evangelical seminaries and received back 585 completed questionnaires (43% response rate). The respondents were primarily male (90%), most were married (92%), had graduated from seminary within the past ten years (93%), and were of European descent (86%). A full description of the survey results is reported elsewhere (Meek et al., in press). For the purposes of the present study, we isolated several particular variables from the larger Meek et al. study and completed some additional analyses. The items we selected had to do with coping responses when clergy feel attracted to parishioners.

Respondents were asked, “In those situations in which you have felt sexually attracted to a parishioner, what have you done?” Respondents were instructed to skip this section of the questionnaire if they had never experienced sexual attraction to a parishioner. Interestingly, only 382 of the 585 respondents (65%) completed the section, suggesting that 35% are not aware of being sexually attracted to a parishioner. Those who did complete the section rated 11 possible responses on a 5-point Likert scale ranging from 1 (Never) to 5 (Always). Each of the 11 responses was also evaluated by 16 expert judges—psychologists and pastors—to determine the extent to which it is a healthy coping response. For the purposes of this study, we further divided the healthy coping responses into intrapersonal and relational strategies. Intrapersonal strategies are those which occur within the pastor, and relational strategies require another person. The possible responses, the judges’ determinations of which responses are healthy, our division of intrapersonal versus relational, and the means and standard deviations for responses on each item are listed in Table 1.

We then averaged responses of healthy intrapersonal coping (items 7, 8, 10, 11) and healthy relational coping (items 3, 4), as well as questionable coping (items 5, 6, 9) and unhealthy coping (items 1, 2). Paired-sample *t*-tests revealed that respondents reported being more likely to use healthy intrapersonal coping than healthy relational coping, $t(363) = 32.2, p < .001$, with a dramatic effect size of 3.4. Surprisingly, respondents were more likely to use questionable coping than healthy relational coping, $t(361) = 13.3, p < .001$, effect size of 1.4. Fortunately, they reported being more likely to use healthy relational coping than unhealthy coping, $t(376) = 14.3, p < .001$, effect size of 1.5.

We also attempted to predict healthy relational coping with stepwise multiple regression, using the number of books read and courses taken on sexuality and counseling as predictor variables. We also included the respondent’s age and which seminary he or she attended as predictors, along with a global satisfaction rating of the seminary experience. The only significant predictors were attendance at one particular seminary (negative beta weight, suggesting that graduating from this particular seminary—whose identity we agreed to keep confidential—was a deterrent to healthy relational coping) and the number of books about sexuality

Table 1. Responses to Coping Strategies when Sexually Attracted to a Parishioner

Coping response	Judge	I/R	Mean	StdDev
I told the parishioner about the feelings, but didn't act on them	U		1.1	0.5
I told the parishioner about the feelings and did act on them	U		1.1	0.3
I discussed the feelings with my own advisor or counselor	H	R	1.7	1.1
I sought out peer support	H	R	2.2	1.4
I stopped interacting with the parishioner	Q		2.4	1.2
I worked through the feelings by myself	Q		3.9	1.2
I reflected upon religious beliefs or moral standards that discourage entertaining any feelings or thoughts that might be considered lustful	H	I	4.3	0.8
I reflected upon religious beliefs or moral standards that discourage sexual intimacy outside of marriage	H	I	4.5	0.8
I distracted myself by thinking of someone else	Q		2.4	1.3
I focused on the negative effects sexual intimacy could have on the parishioner	H	I	3.7	1.2
I focused on the personal and professional consequences that would result if I acted on my feelings	H	I	4.1	1.1

Notes. "Judge" refers to the ratings of 16 expert judges. A response is deemed healthy (H) or unhealthy (U) if 10 or more of the judges deemed it to be so, and questionable (Q) if there was significant disagreement among judges or if most judges said it was neither healthy nor unhealthy. We further rated healthy coping strategies as intrapersonal (I) or relational (R). Means and standard deviations (StdDev) are scores on a 5-point Likert scale ranging from 1 (Never) to 5 (Always).

read in seminary (positive beta weight). Together these two variables only account for 3% of the variance in healthy relational coping ($R^2 = .031$).

At least with regard to coping with sexual attraction, it appears that pastors are much more inclined to use intrapersonal coping strategies than relational coping strategies. Perhaps pastors are in social contexts where admitting struggle and temptation is particularly difficult, at least when facing unwanted sexual feelings. Because of this intriguing finding, we decided to reevaluate data from other studies and to collect some new data in an effort to distinguish between intrapersonal and relational forms of care.

STUDY 2: EXEMPLAR PASTORS

In Study 2 we reevaluated data initially reported by Meek et al. (2003), looking intently at responses of 26 exemplar pastors. These pastors were identified by mental health professionals, and were selected based upon their exceptional way of handling stress and remaining spiritually and emotionally healthy. All interviews were tape recorded and transcribed for subsequent analyses. The pastors were asked a series of questions to assess their abilities to achieve this health, one of

which was, “To what do you attribute your spiritual and emotional health?” Only the data retrieved from this question were used for the purpose of this current study, and our analysis of the data was substantially more detailed than what was provided by Meek et al. (2003).

Based on the literature and the findings of Study 1, we determined to divide pastors’ responses into three overarching categories of self-care and coping: intrapersonal, family, and community. In Study 1 we found that seminary graduates preferred intrapersonal forms of coping to relational forms. In Study 2, we further divided relational coping into family and community (relationships with friends, parishioners, and others outside the pastor’s immediate family). Within these larger categories, the data were divided into a number of smaller subcategories based on grounded theory analyses. Only the most salient subcategories, those with the highest number of responses, are reported here.

As was the case in Study 1, the vast majority of the coded responses pertained to intrapersonal forms of coping (73%) rather than family relationships (18%) or community relationships (9%). The intrapersonal strategies for maintaining health were most often spiritual in nature, including connectedness to God, scripture reading, prayer, and recalling God’s grace. Intrapersonal response themes are summarized in Table 2.

When mentioning family as a source of health, the pastors were most likely to mention a relationship with a spouse and a stable upbringing. A majority of pastors (16 of 26) reported their spouse to be important to their spiritual and emotional health. Family response themes are summarized in Table 2.

Finally, with regard to relationships outside the family, mentors and accountability relationships were noted as important to these pastors’ spiritual and emotional health. Examples of these responses can be found in Table 2.

As was the case in Study 1, the pastors in Study 2 displayed an affinity for intrapersonal forms of coping, most often of a spiritual nature. A total of 110 responses (65% of all text coding) were of an intrapersonal nature. These coping strategies appear to be working well—indeed, these respondents were identified by mental health professionals as exemplars of spiritual and emotional health. Nonetheless, it is striking to see the predominance of intrapersonal coping strategies employed. Clergy offered only 32 responses (19%) pertaining to family life and 26 (15%) pertaining to relationships outside the family.

STUDY 3: SENIOR PASTORS

Meek et al. (2003) also reported findings of a national survey involving 398 senior pastors of a particular evangelical Protestant denomination within the United States. The participants responded to a series of open-ended questions that were crafted to encourage detailed replies, including, “What is the most important thing you do to prevent high levels of exhaustion and stress in your

Table 2. Exemplar Clergy's Responses to Maintaining Spiritual and Emotional Health

Examples of what respondents said	
<i>Intrapersonal coping</i>	
Connectedness to God (Mentioned by 10 pastors)	"I think so often, we don't have anyone to teach us how to apply [spiritual disciplines] to our[selves]. Do that. You know, nurture yourself. We expect that people will do that for us. We depend too much on the church, the accountability partner. God is our accountability partner."
Scripture reading (Mentioned by 13 pastors)	"Before I can listen to the words of the people that day or even read the newspaper, I just have to be alone in God's word . . . That is a critically important part of my spiritual and emotional health. Living out the Word before I'm a pastor that day."
Prayer (Mentioned by 8 pastors)	"I pray a lot, and regularly. There are often long periods of weeks or months where it is simply, not drudgery, but it is praying because we have a duty to pray and then I have moments in there of great comfort and great connection with God. But it's the discipline of prayer more than anything else that keeps me grounded."
God's Grace (Mentioned by 8 pastors)	"Sounds awfully spiritual, but the Grace of God and nothing else . . . I am who I am because of what God has done. On the emotional side of things, let me answer it this way . . . grace engages."
<i>Family coping</i>	
Relationship with Spouse (Mentioned by 16 pastors)	". . . [my wife has] always been a very centered person. And by centered I mean she's just real steady and stable, emotionally, psychologically, and spiritually . . . she got me in touch with inner parts of myself that other people never bothered to check out or invite me to take a look at."
Stable Upbringing (Mentioned by 6 pastors)	"Probably the first thing that comes to mind is having a family that was really supportive and encouraging . . . [my parents] allowed me to make my own mistakes and use a lot of my own pathways. That was really the beginning of it."
<i>Community coping</i>	
Mentors (Mentioned by 7 pastors)	". . . I've benefited from peer mentors, individuals who were involved with me in the ministry that would . . . that I could run things by and that kept me balanced when I was heading off in a direction that would've been inappropriate for me emotionally or spiritually."
Accountability (Mentioned by 5 pastors)	"People that I am accountable to that are a part of my life's experience. It's relationships. That's the key. I think it's Proverbs that talks about someone who isolates himself is one who removes himself from accountability is probably in danger emotionally. Functionally as well."

Note. All responses were to the question, "To what do you attribute your spiritual and emotional health?"

work as a pastor." Only data retrieved from this question were used for Study 3, and the data were reanalyzed in more detail than reported by Meek et al. (2003).

As with Study 2, respondent's responses were divided into three overarching categories of self-care and coping: intrapersonal, family, and community. Within

Table 3. Coping Responses of Senior Pastors

Examples of what respondents said	
<i>Intrapersonal coping</i>	
Hobbies (Mentioned by 130 pastors)	“During hunting season I go hunting.” “Gardening. I like working in the back yard.”
Time away (Mentioned by 124 pastors)	“Taking a day of, hopefully once a week, where I can get out of doors and experience rejuvenation physically, emotionally, and spiritually.”
Prayer (Mentioned by 98 pastors)	“Personal prayer time. I lived in a monastery for a summer after high school and incorporate some of what I learned.”
Exercise (Mentioned by 98 pastors)	“Being involved in sport activities.” “Exercise: senior citizen slow pitch league, walking, working around the house.”
Rest and Relax (Mentioned by 46 pastors)	“Make sure I get the right amount of rest.” “Watch diet and sleep.”
Boundaries (Mentioned by 42 pastors)	“Delegate as much as possible to skilled/capable lay people. If someone else can do a task I let them do it.”
<i>Family coping</i>	
Family time (Mentioned by 37 pastors)	“I schedule two regular family trips each year.” “I have put my family above my church responsibilities.”
Spouse (Mentioned by 71 pastors)	“My wife and I spend time each evening in sharing and prayer.” “. . . a date day with my wife.”
<i>Community coping</i>	
Friends (Mentioned by 35 pastors)	“Talk to closest friends.” “I share times of need with a close friend or two.”
Accountability (Mentioned by 24 pastors)	“Also I have an accountability group of three other pastors I meet with quarterly.” “Accountability relationships with a friend (pastor) in the area.”

Note. All responses were to the question, “What is the most important thing you do to prevent high levels of exhaustion and stress in your work as a pastor?”

these larger categories, the data were further divided into smaller subcategories based on ground theory analyses.

Predominant forms of intrapersonal care included prayer, time off, exercise, hobbies, rest and relax, and reading scripture. Similar to Study 2, relational coping was divided into family (spouse and children) and community (e.g., relationship with friends, accountability relationships). Only the most salient subcategories, those with the highest number of responses, are reported here. See Table 3 for a summary and examples of the statements offered.

We found results similar to Study 1 and 2, with the majority of the coded responses pertained to intrapersonal form of coping (76% of all codings) rather than family relationships (16%) or community relationships (8%). When relational coping is used it is most often identified as a marriage relationship. Respondents in Study 3 were somewhat less likely to mention spiritual resources in intrapersonal coping, except for a relatively high number who described prayer as an important coping strategy. Any differences between Study 2 and Study 3 should be viewed cautiously because they may only reflect the different wording of the question being posed in each study.

STUDY 4: STAYING HEALTHY

Study 4 was completed in conjunction with a national survey project conducted by McMinn, Ammons, McLaughlin, Williamson, Griffin, Fitzsimmons, & Spires (2004) in which 500 clergy throughout the United States were sent a questionnaire about clergy-psychologist collaboration. In addition to the survey questionnaire, each packet contained a small note card with the question, “What is the single most important thing you do to keep yourself healthy so you can minister to others?” Of the 226 respondents to the survey, 103 also included a written response to the question on the postcard. Study 4 involves the qualitative analyses of these 103 respondents.

Many participants mentioned more than one self-care behavior. Each of these was numbered as an individual response yielding a total of 254 isolated responses. The same self-care categories that were used in Study 2 and Study 3 were applied to these data: intrapersonal, family, and community. Of the total number of responses, 69% were classified under the category of intrapersonal methods for coping. Within this category there were 13 subcategories (time off, prayer, exercise, meditation/solitude, healthy eating, scripture, personal hobbies, maintaining priorities, trusting God, having joy, personal retreats, study, and ministry activities). The subcategories that held the most responses were time off, exercise, and prayer, respectively. It is interesting to note that many of the responses under time off included statements about going out of town or otherwise getting away—suggesting that time off for clergy literally requires leaving the geographical area. Several areas of intrapersonal coping related to spirituality. Many respondents made comments about making sure they put God first, family second, and church/ministry third.

In the area of relational sources for coping, 12% of the total responses were classified under the category of family. Most of these (7% of the total responses) specifically mentioned a spouse. For example, one respondent was particularly adamant about the importance of his wife in helping him deal with stress; “I share almost everything with my wife. She keeps me grounded!”

External coping in the area of community (outside of family life) made up 19% of the total responses. The subcategories for community were therapy, support, team sports, conferences, worship/fellowship, bible studies, and trusted friends. The two subcategories receiving the most responses were support and trusted friends. The support category included things such as denominational support, mentor groups, church staff, and networking relationships with other pastors.

These data are consistent with findings of the other studies reported here. Resources for coping with stress and engaging in self-care for clergy most typically come from intrapersonal sources. Interestingly enough, one individual could not be placed in any of the three categories. In response to the question about how he copes and deals with stress he simply stated, “I do not do a very good job here.”

STUDY 5: INTERVIEWS WITH MALE PASTORS AND THEIR WIVES

Twenty-five male pastors from a previous survey study (Lish, McMinn, Fitzsimmons, & Root, 2003), indicated interest in participating in a follow-up interview study. These were combined with a list of 81 pastors from Chicago, Illinois and invited (along with their wives) to take part in a semi-structured interview about how pastors and their spouses experience care. Six pastors and 5 pastors' wives responded with written informed consent, allowing us to interview them and record their responses (11 interviews total). Each interviewee received a \$20 gift certificate in appreciation for their efforts. Respondents were 4 African Americans and 7 European Americans. The age of respondents ranged from 27 to 76. Church size ranged from 85 to 700 attendees in the average Sunday morning worship service.

Care in this study was defined as "any internal or external resources that pastors and/or their spouses engage in that enable them to cope and recover from struggles and stress on a daily basis and throughout their life." After hearing this definition each interviewee was asked 7 questions:

1. What forms of care do you engage in for yourself?
2. How does your spouse care for you?
3. How does your spouse care for him or herself?
4. How does your church care for you?
5. How does your denomination care for you?
6. To what extent do you utilize the care that is available to you from others in your church or your denomination?
7. In all these areas, what would you like to be different?

Each response was coded and analyzed with qualitative data analysis software. Consistent with other studies reported here, we divided the healthy coping responses into intrapersonal and relational strategies. Pastors' and their spouses' responses, for the most part, seemed to group into three subcategories: spiritual, healthy habits, special efforts. Spiritual coping experiences are activities (e.g., prayer and Bible reading) done on behalf of one's self or another, intended to enhance care in spiritual life. Healthy habits are routine behaviors (e.g., exercise, eating correctly, hobbies, and so on) done in service of providing disciplined, life enhancing experiences for one's self or others. Special efforts are non-routine acts done for one's self or another intended to show or provide experiences of care (e.g., taking time for oneself, acts of encouragement, and/or provision of needs).

Intrapersonal Care

Pastors and their spouses engage in multiple types of intrapersonal self care. Almost all interviewees (91%) identified at least one healthy habit form of internal

self care (e.g., exercise, eating well, or engaging in a hobby). Fifty-five percent identified at least one form of spiritual self care (e.g., attending to their spiritual welfare). Special efforts were reported less frequently—presumably because they are, in fact, special efforts. Only 27% reported a special effort form of care, such as, “Just doing something alone and to concentrate on myself” or “When I feel stressed out, I basically call my assistant and let him know that I will be taking some time off.” When respondents were asked how their spouse cares for himself or herself, responses were highly consistent with the self report from the spouse.

Relational Care

Most interviewees (82%) indicated that they engage in some form of care with at least one other person. These resources included a pastoral support group ($n = 3$), bible study ($n = 2$), church social group ($n = 1$), family ($n = 1$), friendship ($n = 1$), and a counselor ($n = 1$). Spouses were not as likely to report relational sources of care for their partners as they were for themselves.

Though many respondents (73%) identified at least one form of care received from their church, an unexpectedly high number (36%) gave unsolicited comments about lacking care from their church. Almost two-thirds (64%) of the interviewees indicated at least one form of care from their denomination, but again a surprising number (45%) gave unsolicited comments indicating a lack of care from their denomination or no meaningful denominational affiliation.

Learning from Pastors’ Wives

One unique aspect of this study, as compared to the other four reported in this paper, is that we have attempted to learn from pastors’ wives. In order to hear these women clearly, their coded responses to “How do you care for yourself?,” and “How does your spouse care for you” were pooled and re-coded, looking for themes unique to their responses.

Pastors’ wives responses to “How do you care for yourself?” can be divided into five general categories: spiritual discipline, shared ministry, time with husband, time away, and supportive female friendships. Their responses to “How does your spouse care for you?” gathered into two general themes: personal attention and help around the house. These responses, organized by theme, are summarized in Table 4.

DISCUSSION

Pastors and their spouses face stressful work, and yet many—perhaps most—are coping well with the challenges they face. In the literature review and studies

Table 4. What Male Pastors' Wives Reported

	Examples of what respondents said
How do you care for yourself?	
Spiritual discipline	"I spend time reading the Bible and other Christian material." "Just my own daily time in the Word, scripture memory . . ."
Shared ministry	"Also I do ministry . . . work with my husband. I hadn't thought about that, but I work with my husband with some of the counseling ministries that he does. I assist him . . . And that gives me, you know, some real satisfaction . . . it kind of relieves stress I might have."
Time with husband	"I walk with him, but not when it gets too cold."
Time away	"Sometimes I just do things I like to do without my husband and without my children . . ."
Supportive female Friendship	"I try to do things sometimes with ladies, like I went to a quilting thing a couple of times last summer." "I also do have one walking partner, a Christian friend."
How does your spouse care for you?	
Personal attention	"My husband cares for me by praying with me daily. He takes time to listen to me, listen to my frustrations. . . . We talk through different situations and issues we are presented with. He does little things too . . . little personal things that make such a huge difference . . . , he always acknowledges me . . ."
Helps around the house	". . . he pitches in and he might even do the laundry or just things around the house to help me out and sometimes he does the grocery shopping."

reported here we have distinguished between intrapersonal, family, and community forms of care, and each have implications for understanding clergy.

Intrapersonal Care

The primary form of care for clergy involves self-care—what we have labeled intrapersonal coping. One of the most robust findings of our first four studies is that clergy do most of their care alone. Among other things, this may reflect the difficulty of living in a “fishbowl” sort of existence. For example, whereas many non-clergy who experience unwanted sexual attraction might cope by disclosing their feelings to a trusted friend, in Study 1 we found that clergy are reticent to talk with others about such matters. Indeed, they are more likely to use forms of coping deemed questionable by expert judges than to engage in healthy forms of coping that require them to disclose attraction to others. A moment of reflection makes this response seem quite reasonable. If a clergyperson is attracted to a parishioner, who can be consulted? If the pastor goes to an accountability partner or friend in the church, will it ultimately undermine the pastor’s leadership? The pastor is equally unlikely to confide in another pastor because there is often subtle

competition between nearby Protestant churches. This leaves the pastor quite isolated in coping with troubling feelings and thoughts.

We do not mean to suggest that intrapersonal coping is somehow inferior to other forms of coping. Whereas intrapersonal coping may not be the best way to cope with unwanted sexual attraction (the focus of Study 1), it is well suited for other sorts of coping such as hobbies, exercise, and time away from work. In many situations clergy may need to get alone in order to recover from the intense interpersonal demands of daily work.

Clergy find solace in spiritual resources. Indeed, even our distinction between intrapersonal care and relational care may be a misnomer because it implies solitary forms of care are non-relational. But for clergy solitary care often involves a powerful and sustaining relationship with God through prayer, study, and meditation on scripture. Though these spiritual activities are intrapersonal insofar as they are solitary, they are perceived as relational to clergy. Indeed, many clergy see their relationship with God as the most important of all relationships. From the preliminary data found in Study 5, it also appears that clergy spouses' spiritual practices are an important resource for care.

Other forms of intrapersonal care involve getting away from traditional work activities. Taking time off and setting good boundaries provides pastors with some distance from the stress of daily life. It is interesting to see how often pastors referred to getting out of town. Taking a day off around the house may often result in various boundary intrusions, so pastors and their spouses have learned to get away from the places where these intrusions are likely to occur. Pastors also report the importance of hobbies and exercise. Various sports and recreational activities provide balance to the sedentary work and interpersonal demands of pastoring.

If clergy draw mostly on intrapersonal forms of coping, then it is reasonable to assume that they are reticent to seek help from counselors and psychotherapists—as can be inferred from Study 1. An implication for clinical psychologists interested in working with clergy is that privacy needs to be paramount in the structure of their practice. Having a clergyperson sit in a crowded waiting room is likely to evoke anxiety and fear and may prevent the pastor from coming in the first place. One of us (Mark McMinn) has a practice limited to clergy, and has found it useful to do this from a solo practice office and to schedule a 15-min gap between therapy sessions so that pastors do not encounter anyone they may know before or after the session.

Family Care

Family relationships are also an important source of care for clergy and their spouses. Many clergy in the studies reported here referred to their marriage relationships as vitally important. This was especially poignant in Study 2, where 16 of 26 exemplar pastors spontaneously mentioned the importance of their marriage

in maintaining emotional and spiritual health. In Study 5 several clergy spouses indicated feeling cared for by their husbands' willingness to pray for them and to help around the house. This latter response reveals traditional assumptions about gender roles, which may be true of many clergy and clergy spouses—especially those with conservative theological leanings.

Given the difficulty clergy and clergy spouses have in developing close friendships outside marriage, it seems likely that marriage takes on a special significance. The marriage relationship is often the sole refuge where deep emotions can be expressed, struggles at work disclosed, and ambivalence about the pastoral role discussed. Yet the demands of the work and the boundary intrusions clergy families experience often inhibit close marriage relationships (Warner & Carter, 1984).

An important implication of this for clinical psychologists interested in caring for clergy is that close attention should be given to clergy marriages. Most clients find marital problems troubling, but they may be especially problematic for clergy and clergy spouses who have few other intimate, trusting relationships. A pastor or a pastor's spouse in a troubled marriage may feel utterly alone and helpless about knowing where to go for interpersonal support.

A male pastor relying on his wife for support may function well most of the time, but this narrow support system will become a problem if she is not able to fulfill that role (if she herself becomes burned out, depressed, disabled, disillusioned, and so on). This may, in turn, affect the pastor's intrapersonal coping resources by changing the nature of the pastor's ministry.

... the power of the family system to influence the minister's career decisions must be greatly enhanced by his ignorance of that power. This ignorance may well mark the difference between a healthy integration of work and family roles, on the one hand, and unhealthy dependence upon wife and family for the kinds of support and encouragement which others gain through their colleagues and constituency relationships (Jud, Mills, & Burch, 1970, p. 100, as cited by Moy & Maloney, 1987).

Similarly, if pastors solely rely on spiritual resources for coping, then what happens if they find themselves in a "dark night of the soul?" Spiritual and marital resources are of utmost importance to pastors, but broadening their support base to include other relationships is also important. Thus, it is often important to help pastors diversify their coping resources.

Community Care

It is striking to see how rarely clergy turn to relationships outside their families for support. This may also be true for clergy spouses (Valeriano, 1981), though we did not investigate spousal support as fully as clergy support in this series of studies. Several clergy spouses in Study 5 mentioned the importance of female friends, but most were atypical forms of friendship that do not lead to deep trusting relationships (e.g., quilting group that meets occasionally, online discussion group, leading a small group).

When male clergy mention relationships outside the family, they are likely to be one-on-one relationships with mentors or accountability partners. Though a number of respondents in Study 4 mentioned group-based support structures such as networking with other pastors or relating with supervisors at the denominational headquarters, it is important to keep in mind that these support structures are fraught with complexity. Pastors appreciate support from other pastors, but sometimes feel competitive and vulnerable in those relationships. Denominational support can be a blessing to clergy, but many clergy also feel pressured by denominational leaders. Interviewees in Study 5 were inclined to mention these pressures even without being asked to discuss them (see also Meek et al., 2003).

Coaching with pastors is a promising area of clergy-psychologist collaboration that allows pastors to establish an important collegial relationship with a helping colleague. Although coaching is not entirely free of power imbalances—because of fees involved and the implicit unidirectional nature of the relationship—it may involve less of a hierarchy and fewer stigmas than traditional therapy. Coaching has advantages over supervisory relationships with those in denominational headquarters because coaches are not in evaluative and decision-making roles with authority over pastors.

CONCLUSION

In conclusion, pastors and their spouses use a variety of resources to care for themselves and one another in the midst of challenging work. Most often—at least for clergy—these have to do with intrapersonal resources related to spiritual formation, getting time away from work, exercising, pursuing hobbies, and so on. The marriage relationship itself is also an essential aspect of care for many clergy and clergy spouses. Though marriage can be difficult because of the unique nature of pastoral work, those who are able to nurture and maintain a healthy marriage relationship find it an important resource for life adjustment. Interactions outside of marriage—such as friendships, mentoring, and accountability relationships—are also important for some pastors, but surprisingly few mention these as a primary coping resource.

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