

# Overcoming the Challenges of Pastoral Work?

## *Peer Support Groups and Mental Distress Among United Methodist Church Clergy*

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### Abstract

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Clergy often face a great deal of occupational stress that in turn can lead to mental distress. In recent years denominations have been turning to peer support groups to combat these challenges, but little research exists regarding their effectiveness. This study explores the utility of peer support groups for reducing mental distress among pastors by analyzing data from two waves of an ongoing study of United Methodist Church (UMC) clergy in North Carolina, as well as focus group data from the same population. Results indicate that participation in peer support groups had inconsistent direct and indirect relationships to mental distress (measured as mentally unhealthy days, anxiety, and depression). Focus group data indicated that the mixed results may be due to individual differences among group participants, which in turn lead to a mix of positive and negative group experiences.

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## Introduction

A common theme in contemporary religious research is that religious participation often benefits health (George, Ellison, and Larson 2002; Seybold and Hill 2001). It is something of an ironic cruelty, then, that the story is different for religious professionals. Despite the protective spiritual resources that clergy enjoy (e.g., Meisenhelder & Chandler, 2001), scholars have demonstrated that pastors often face a great deal of stress, which in turn can lead to job burnout (Carroll 2006; Gleason 1977; Turton and Francis 2007). Both stress and burnout have been shown to predict other forms of mental distress such as anxiety and depression (Pearlin et al. 1981; Michie and S. Williams 2003; Wieclaw et al. 2006).

Rising healthcare costs in recent years have served as a wake-up call for many denominations, and throughout the United States several have implemented programs to assess and improve the health of their clergy (Church Feasibility Study, n.d.; Health Task Force, 2007; "Duke Clergy Health Initiative," 2011; "Clergy Wellness Commission," 2011). A number of these programs involve the use of peer support groups to manage the stresses of pastoral work, as such groups have been found to improve mental health in a variety of other populations ("Clergy Peer Groups" 2011; "Clergy Support Groups" 2011; Ussher et al. 2006). By and large, however, the effectiveness of these pastor peer support groups has not been tested.

This paper uses focus group and longitudinal survey data from two United Methodist Church (UMC) conferences in North Carolina as a first step in determining if peer group interventions are effective tools for combating the stresses of clergy work. The use of quantitative and qualitative data allows for adequate representation of the population under study as well as informative detail, giving the analyses unique insight into the effects of peer groups. We first discuss the mental health challenges faced by clergy, and current research on the effects of support groups among clergy and other populations. We then present results from quantitative analyses, and use focus group data to help interpret these results. We end with a discussion of the implications of the findings for the care of clergy.

## Prior Research

### **Occupational Challenges of Pastoral Work**

Research over the past several decades indicates that the occupational demands of pastoral work can generate stress. Pastors often must serve simultaneously in numerous roles such as mentor, caregiver, preacher, leader, figurehead, disturbance handler, negotiator, administrator, manager, counselor, social worker, spiritual director, teacher, and leader in the local community (Kay 2000; Kuhne and Donaldson 1995; Pickard and Guo 2008). Performing multiple roles can lead to various forms of role strain (Pearlin 1989), since it requires clergy to assume the responsibilities of- and face the stresses inherent in- each type of work. At times, roles may conflict, as when a pastor must be both a friend and a counselor (Parent 2005). This can lead to stress and emotional exhaustion as clergy struggle to resolve the resulting ambiguities and strain (Gleason 1977; Hang-yue, Foley, and Loi 2005).

Clergy also face a number of other work-related stressors including high demands on their time, lack of privacy, pressures from frequent relocation, and criticism from church members. These stressors, in turn, have been linked to feelings of stress and burnout (Carroll 2006; Frame and Shehan 1994; Gleason 1977). Clergy must also manage the stresses inherent in crisis work (Dewe 1987), high demands on their time (Carroll 2006; Noller 1984; Warner and Carter 1984), and financial strains, both personal and organizational (Carroll 2006; Noller

1984). Evidence suggests that the effects of these stressors on mental health may vary by the personal resources and personality characteristics that clergy possess, with a God-involved problem-solving capacity, extroversion, and social support predicting better outcomes (Carroll 2006; Dewe 1987; Rodgerson and Piedmont 1998). Clergy may also benefit from more frequent participation in religious practices (like prayer) that are suspected of buffering the effects of stress on mental health (Meisenhelder and Chandler 2001; Turton and Francis 2007). Despite these advantages, numerous studies indicate that stress and burnout are persistent problems among pastors (e.g., Carroll, 2006; Francis, Loudon, & Rutledge, 2004). Given that scholars have demonstrated that occupational stress produces lower levels of health and well-being (Lim, Bogossian, and Ahern 2010; Shigemi et al. 2000; Windle and Dumenci 1997), scholars and denominational leaders alike have reason to be concerned about the mental health of clergy. Indeed, several recent studies have found high rates of anxiety and depression in clergy populations (Health Task Force 2007; Knox, Virginia, and Lombardo 2002; Proeschold-Bell et al. n.d.).

### **Peer Support Groups**

Scholars have offered many possible solutions to the negative effects of occupational stress (e.g., Michie & S. Williams, 2003), mostly focusing on identifying and alleviating its sources in the workplace, or arguing for the buffering effects of social support (e.g., Maslach & Goldberg, 1998; Yildirim, 2008). Few studies, however, have assessed whether support groups can effectively reduce occupation-related mental distress, and fewer still have examined their effects among clergy. Support groups can be of several types, though most are similar in that they bring together persons facing a common set of challenges, and rely on interaction among these persons to yield solutions. For this reason they are often referred to as peer support groups (e.g., Peterson et al. 2008), a term we use interchangeably with “support group” and “peer group” in this paper. Determining the effects of peer groups is important, for denominations are increasingly turning to peer groups as a means of combating pastoral challenges.

Published results concerning clergy peer groups are few, although they have increased in recent years. Drawing on a mixture of qualitative and quantitative data, these studies indicate that peer group participation is associated with higher pastoral effectiveness, and a variety of other positive outcomes. Studies have found that participants in peer groups reported higher motivation and energy in their ministry, as well as greater creativity, increased intimacy with God, and positive impacts on family and close friends (Miller 2011; D. B. Roberts 2010a, 2010b; Austin Study 2010; Maykus 2006). Another study noted that of the 23% of Presbyterian Church (U.S.A.) clergy who participated in a support group, almost all found the experience helpful to some degree (Findings: Presbyterian Pastors, 2008). Extant studies also have found connections between peer group participation and congregations, noting that clergy in peer groups serve in congregations that are growing, and that promote a culture of involvement (Austin Study 2010). Positive group effects seem most likely for groups that are ethnically and denominationally diverse, that are led by a trained facilitator, and that promote confidentiality and accountability (Austin Study 2010; Dolan 2010; Marler 2010; D. B. Roberts 2010a).

Unfortunately, the bright picture painted by current work on clergy peer groups is clouded by two major shortcomings. First, current work has generally treated peer groups as a means of continuing education for pastors rather than a tool for promoting clergy health. The focus has therefore been on group influences on pastoral effectiveness rather than health outcomes, although current findings suggest that peer groups might provide health benefits. For instance, the higher motivation and energy found in clergy peer group studies may suggest higher mental health, and group-prompted pastoral effectiveness could reduce occupational stressors or promote feelings of self-efficacy (Bandura et al. 1999; A. Miles and Proeschold-Bell 2011b). Current findings

therefore indicate the need for further work to concretely establish the effects of clergy peer groups on mental health. Second, extant studies suffer from methodological shortcomings that limit the inferences that can be made from them. Most work on clergy peer groups is cross-sectional (c.f., Dolan 2010), and therefore cannot distinguish between group and self-selection effects (e.g., Marler 2010; Findings: Presbyterian Pastors 2008). Studies have also sampled peer group members exclusively, making it difficult to determine the advantages of peer group involvement over non-participation (e.g., Austin Study 2010; D. B. Roberts 2010a). Addressing these two shortcomings is essential to obtaining valid estimates of peer group effects, which in turn will enable denominational leaders to form policy based on reliable data.

Fortunately, scholars have studied support groups among non-clergy populations, and their work can inform theorizing on clergy peer group effects. The majority of this non-clergy work has been conducted with healthcare recipients or others exposed to challenging situations such as HIV-positive status, military deployment, or being orphaned (Dunbar et al. 2009; Faber et al. 2008; Kumakech et al. 2009; Percy et al. 2009; Oosterhoff et al. 2008; Ussher et al. 2006), although studies of professionals who are more similar to clergy have also been performed (Peterson, Bergström, et al., 2008; Yilmaz et al., 2009). Evidence suggests that support groups can decrease depression, anxiety, and improve general health (Kumakech et al. 2009; Dunbar et al. 2009; Peterson et al. 2008). This is likely because support groups can provide various types of social support (Percy et al. 2009; Peterson et al. 2008; Ussher et al. 2006; S. Roberts 2008), which has been tied to lower occupation-related distress, anxiety, and depression (Maslach and Goldberg 1998; Yildirim 2008; Dunbar et al. 2009; Ethgen et al. 2004; Ostberg and Lennartsson 2007). Support groups have also been shown to provide psychological resources such as self-esteem and mastery which, in turn, can have positive impacts on mental health (Pearlin et al. 1981; Ussher et al. 2006; Percy et al. 2009; Oosterhoff et al. 2008; Peterson et al. 2008). Finally, peer support groups might also provide opportunities for beneficial social comparisons that reduce psychological distress. These can take the form of downward comparisons- where group members find relief by comparing themselves to those more troubled than themselves- or upward comparisons- where group members adaptively imitate those who model effective coping strategies (Carmack Taylor et al. 2007). Research therefore suggests that support groups can bolster mental health through a variety of pathways.

The benefits of support group participation found in non-clergy populations suggest that clergy groups might have similar effects. Of course, this claim assumes that clergy peer groups are similar to non-clergy groups, and some evidence suggests that they are not. For instance, clergy may be more likely to rely on religious coping styles than non-clergy, a difference which likely bleeds over into peer group activities (Pargament et al. 2001). However, research also suggests that clergy peer groups provide many of the same resources as non-clergy support groups. Studies have shown that clergy peer groups can prompt creativity, theological depth, and motivation, each of which can equip pastors to meet occupational demands which, in turn, can lead to feelings of self-esteem and mastery (Maykus 2006; D. B. Roberts 2010a; Dolan 2010). Evidence also suggests that clergy peer groups can provide social support, such as strategies for effective ministry (D. B. Roberts 2010a; Dolan 2010). The fact that clergy peer groups provide resources similar to those found in non-clergy groups indicates the two might also have similar positive effects on mental health.

In sum, prior research suggests that clergy peer groups have beneficial impacts on pastoral effectiveness, but this work does not directly address issues of mental health and suffers from serious methodological shortcomings. Studies of support groups in non-clergy populations indicate that support groups can reduce mental distress because they provide social support, provide psychological resources, and facilitate beneficial social comparisons. Clergy groups seem to provide many of the same resources, suggesting that they could be applied to manage the stresses of pastoral work and to improve clergy mental health. This study tests

this possibility by examining whether participation in peer support groups predicts less mental distress in a sample of United Methodist Church (UMC) clergy.

## Method

### Data

This study used both quantitative and qualitative data from a larger project examining clergy health in North Carolina (NC). Data were collected following what Onwuegbuzie and Collins (2007) refer to as a sequential-nested design, with qualitative results informing quantitative data collection.

Qualitative data were obtained from a series of eight UMC pastor focus groups conducted between January and May 2008, which the second author helped facilitate. The first four included pastors from different areas in NC, selected based on proximity to the meeting sites, with an effort made to invite clergy who were diverse in age, gender, and race. Based on emerging themes, four additional focus groups were conducted which targeted clergy with unique experiences and perspectives including women (women pastors), clergy under 35 years of age (young pastors), local pastors (a unique ordination status within the UMC), and pastors serving large churches (600-4,000 members; large church pastors; Creswell 1998). Groups ranged in size from 6-11 and lasted from 60 to 90 minutes. Questions focused on clergy health and explicitly asked about peer support groups (e.g., "Have you ever participated in a clergy peer-to-peer program or series of meetings? What did you like or dislike about these peer-to-peer experiences?"). Additional details about the focus group data collection process can be found in Proeschold-Bell et al. 2009. Data for the present study were restricted to sections of the focus group transcripts discussing occupational stressors and peer support groups.

Insights from focus groups were used to help develop a survey instrument. Surveys were conducted in 2008 and 2010 by Duke Divinity School that contracted with Westat, an independent research organization, to collect the data. Participation was offered to currently active UMC clergy in NC including district superintendents, elders, deacons, extension ministers, student pastors, local pastors, and pastors who had returned from retirement to serve in a church. In 2008, 1,820 clergy were offered participation, 1,726 of whom participated (95% response rate). Per panel study format, in 2010 all 2008 participants were invited regardless of current ministry status, and people newly meeting the 2008 criteria were added. For the 2010 wave, 2,008 were offered participation and 1,749 participated (87%). We limited the current study to participants with data at both time points ( $N = 1,513$ ). Survey data were supplemented by information from the public records of the North Carolina and Western North Carolina conferences of the UMC.

### Plan of Analysis

The analysis proceeded in two steps. First, path models were used to examine direct and indirect effects of peer group participation on mental distress. Participation could be of three types: participating in a peer group at both time periods, just at time 1 (leaving a group), or just at time 2 (joining a group). Direct effects were tested by regressing mental distress outcomes on these three profiles. Group participation could also influence mental distress by moderating the effects of occupational stressors. These indirect effects were tested by including interaction terms between participation profiles and several clergy stressors.

As will be seen, these quantitative analyses did not produce the clear, positive results suggested by the literature. In step 2 we therefore drew on focus group data to explore reasons for this discrepancy. Emergent themes from this analysis suggested a plausible explanation for the observed quantitative results, as well as

important questions for future research. Further details about methods for quantitative and qualitative analyses are given below.

## **Quantitative Methods**

### **Measures**

*Mental distress.* Mental distress was assessed with three variables. MUDs (mentally unhealthy days) records the response to the question “Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” This question was taken from the Behavioral Risk Factor Surveillance System, a widely used monthly telephone survey directed by the United States Centers for Disease Control and Prevention. Anxiety is the anxiety portion of the Hospital Anxiety and Depression Scale (HADS-A). The HADS-A has seven items, each of which was measured using a four-point ranking for a total scale range of 0-28. Depression is the well-validated Patient Health Questionnaire-9 (PHQ-9). The PHQ-9 is a nine-item scale in which each item has a possible range of 0-3, giving a total scale range of 0-27 (Kroenke, Spitzer, and Williams 2001). All mental distress variables were logged to improve the normality of their distribution for analyses, but are presented untransformed in Table 1.

*Peer support groups.* Respondents were asked at both time periods if they belonged to a “covenant group or a peer support group,” which the survey defined as “a semi-structured group of 3 or more clergy that is intended for vocational support or growth.” Data limitations did not allow us to determine which clergy were in which groups. Using data from 2008 and 2010, we created three participation profiles. Join group is a dichotomous measure of those who reported being a member of a peer group at time 2 but not at baseline. Conversely, Leave group identifies those who were in a group at baseline but not at time 2. Always in group codes those in a group at both time periods as 1, and all others as 0.

*Clergy stressors.* Three occupational stressors were included, all of which positively predicted at least one of the mental distress outcomes in preliminary analyses. Low morale is a two-item scale measuring the morale of each pastor's primary congregation or other ministry setting (Alpha = .83). Levels of agreement with the statements “[t]he current morale of my primary congregation is high” and “[m]embers of my primary congregation have a sense of excitement about the congregation's future” were summed, divided by the number of items, and logged to correct for skewness. Negative interactions is a two-item scale taken from the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS) measuring the perceived frequency of negative interactions in respondents' primary congregations (or workplace) during the past year, with higher values representing more negative interactions (Fetzer Institute, 1999). The scale is based on the questions “During the past year, how often have the people in your congregation ...” 1) “...made too many demands on you?” 2) “...been critical of you and the things you have done?” with response options 1= Never, 2=Once in a while, 3=Fairly often, and 4=Very often ( $\alpha = .632$ ). Conflict is an ordinal variable indicating the amount of conflict in respondents' primary congregations (or workplaces) over the past six months, with response options 1=No conflict, 2=Some minor conflict, 3=Major conflict, and 4=Major conflict with leaders or people leaving.

*Control variables.* Several variables were included to control for the selection of clergy into peer groups. These were chosen based on preliminary analyses (available upon request) assessing which variables predicted any of the three peer group participation profiles. To simplify comparability across analyses, we used a standard set of controls across all models. Time in ministry is a measure of the number of years respondents had served as pastors, while Relocated is a dichotomous measure of whether clergy changed church appointments between the two survey waves. Local pastor, Retired pastor, and District superintendent are dichotomous measures

indicating different positions within the UMC church system that respondents served in at baseline. These positions have been shown to have different occupation-related experiences (A. Miles and Proeschold-Bell 2011a). Bivocational is a dichotomous measure of whether clergy reported working a job other than their church appointment. Hours worked records the self-reported average hours worked each week. Race is captured by Black, which codes those who self-reported being African-American as 1 and all others as 0. Age reports respondents' age in years.

Preliminary analyses revealed that several variables expected to influence results did not predict selection into or out of peer support groups. These include gender, marital status, regularity of group attendance, and measures of occupational stressors at baseline. We also tested an additional control for whether clergy self-reported being required to participate in peer groups, but eliminated it from analyses after determining that it did not affect the results.

### **Model Details**

Direct effects of peer groups were assessed by using the three participation profiles to predict MUDs, anxiety, and depression in three path models that controlled for the full set of controls listed above, as well as a baseline measure of the outcome variable. Moderation effects were tested by examining the interactions between stressors and participation profiles, again using path models with all controls and a lagged outcome variable. These effects were illustrated by plotting model-predicted values for statistically significant interactions at the mean of stressor variables as well as +/-1 standard deviation. Model predictions only included parameters significant at  $p < .10$  or below, with all control variables held at their means.

All path models used robust standard errors to adjust for problems with heteroskedasticity, and were estimated using full information maximum likelihood (FIML), a technique that produces unbiased and efficient estimates in the presence of missing data (Enders and Bandalos 2001). All models were estimated using the lavaan package in R (Rosseel 2011; R 2011).

### **Qualitative Methods**

Focus group data were transcribed from audio recordings. Following each focus group, participants completed a brief demographic survey. A team of four researchers reviewed the transcripts and sought patterns and recurrences in the data and used them to create data-driven coding categories, as opposed to categories derived from pre-existing hypotheses (Charmaz 2001). To promote confirmability, two researchers coded each transcript using Atlas t.i. version 5.2 (Muhr and Friese 2004). The paired coders resolved coding discrepancies through discussion until they reached consensus. The authors examined the data for each code using a process called pattern coding that allows for consideration of causes, explanations, and relationships (M. B. Miles and Huberman 1994). During pattern coding, this paper's two authors independently developed themes from the codes and then discussed their findings until consensus was reached. To avoid including speculation by focus group participants, data were then filtered to include only statements that reasonably indicated personal experience with peer groups. Themes were analyzed in particular to discover which could provide plausible explanations for the mixed quantitative findings. Those that had explanatory power were retained and are presented below.

## Results

### Quantitative Results

Table 1 presents descriptive statistics for the sample. MUDs, anxiety, and depression increased between survey waves, with 10% of clergy reporting scores at least two standard deviations above the mean for one or more outcome at wave 2 (calculations not shown). Roughly equal numbers of clergy joined and left peer groups, while just under a third were in groups at both time periods (28.5%) and nearly half (44.2%) were not in a group at either time period. Only a minority of clergy were Black (6.4%), and the average age at baseline was 52 years. 12.7% of clergy reported holding two or more jobs, and 23.8% were reassigned to new congregations between survey waves. A sizable minority of clergy were local pastors (27.3%), with far fewer retired pastors (5.1%) and district superintendents (1.8%). On average, clergy at baseline had served as pastors 17.1 years, though individuals deviated substantially from this mean. Pastors worked 47.8 hours a week at baseline, a figure on par with professionals in a variety of other occupations (Gravelle and Hole 2007).

Direct effects of peer group participation are shown in Figure 1. Three coefficients are shown for each path, corresponding to the three outcome variables listed in the box labeled “Time 2.” Results indicate that group participation did not have a consistent effect on mental distress. Joining a peer group did not predict MUDs, anxiety, or depression at time 2. Leaving a group had no effect on anxiety or depression, but did predict fewer MUDs ( $\beta = 0.16$ ). Those clergy who were in a group at both baseline and time 2 reported fewer MUDs ( $\beta = -0.20$ ) and, at a marginally significant level, less depression ( $\beta = -0.11, p = .064$ ) than clergy who did not participate in a group at either time, but showed no difference in levels of anxiety.

Participation profiles also moderated the effect of low morale congregations and congregational conflict on mental distress, but did not moderate the effects of negative interactions (models not shown). Significant interactions are shown in Figure 2. Panel A reveals that clergy who participated in a group in any way (i.e. joining, leaving, or always in a group) had fewer predicted MUDs at all levels of congregational morale than clergy who did not participate in a group, although there was little difference in predicted MUDs among the different participation profiles. This suggests that peer groups may buffer the stresses produced by serving in a low morale congregation. In contrast, participation in peer groups seemed to exacerbate the effect of congregational conflict. Panel B shows that clergy joining, leaving, or always in a peer group had more predicted MUDs as a result of congregational conflict than those never in a group. Panel C displays a similar pattern for congregational conflict and depression, though the model only predicted higher depression for those joining or leaving a group; clergy who were always in a group exhibited depression levels roughly similar to those never in a group. Taken together, these results indicate that participation in a peer group may be helpful for managing some stressors, harmful in dealing with others, or may not moderate the influence of some stressors at all.

When direct and moderated effects of clergy peer groups are considered together, no consistent picture emerges of how peer group participation relates to mental distress. The surprising nature of this finding given past research on clergy and non-clergy peer groups suggests the need for exploratory work to help suggest possible explanations. To that end, we turn to qualitative data that provide detail about what occurs within clergy peer groups.

### Qualitative Results

A total of 33 clergy participated in the four general focus groups. Of those, 63.6% were male and 36.4% female, 12% were age 21-40 and 84.8% were age 41-70, 36.4% were licensed local pastors and 51.5% were elders, and 90.6% were White, 6.3% were African American, and 3.1% were Latino. An additional 26 clergy participated in the targeted sampling focus groups (e.g., female clergy).



Themes regarding peer support groups from the focus group data can be grouped into three overarching domains: positive experiences, negative experiences, and individual differences in coping strategies.

*Positive experiences.* Many clergy reported positive experiences with peer groups. Within the Positive Experiences domain, one theme that emerged was that peer groups offer a setting in which pastors can be listened to as individuals rather than defined solely by their pastoral role, allowing them to be more genuine. Two clergy expressed this sentiment as follows:

*It's nice if you have a group where you can let the barriers down and be yourself. Not that you're not your authentic self in your church. But to not have those pressures to be a certain way. That helps you stay healthy to be able to just be a human being that doesn't have all these expectations to be a certain way or say certain things or not do certain things or whatever. That you have a group of people who respect you for who you are.* - Female, Focus Group 3

*In this day and age people will say, 'How are you?' But they really don't want to know. It's nice to be among people who when they say, 'How are you?' they generally want to know, 'Are you okay?' and 'We're going to pray for you.' And just sort of be there for moral support. I've been there, done that, understand. Even if there's nothing they can do about it. Just to be able to vent without anybody looking down their nose at you.* - Female, Focus Group 4

These two quotes suggest that peer groups can provide social support. Cohen and Wills (1985) divide social support into 1) esteem or emotional support, 2) informational support or advice, 3) social companionship, and 4) instrumental support or material aid. Here, the type of support identified is emotional support.

Evidence also suggests that groups can provide informational support. For example, one pastor appreciated the perspectives and workable strategies gained through peer interactions:

*We set out Tuesday mornings from 9 to 11 and that was our two hours that we were able to share those things that we weren't quite sure how do we handle. Even with a seasoned pastor in the group with us, there were a number of times that the two of us that had been in business for a long time could bring perspective to a situation in the church that this pastor who'd been a pastor for 14, 15 years hadn't thought about. So, we were balanced and can help each other out in those situations and support each other.*

- Male, Focus Group 1

These statements indicate that, for some clergy, participating in peer groups was a positive experience that helped them manage stressful situations and provided needed emotional and informational support.

*Negative experiences.* Not all pastors, however, reported positive group experiences. Within the Negative Experiences domain, lack of connection with other group members emerged as one source of frustration. One pastor commented:

*I have felt very isolated and had a really hard time my first two years because I was isolated geographically . . . I did not see that a peer group necessarily solved it even though I did get together with the local ministers. We were at different*

*points in our careers. We had different interests. So, just the fact that we lived ten miles away from each other didn't mean that we were a peer group.*

*- Female, Young pastors group*

A second theme was discontent with needing to attend peer groups to fulfill a requirement for the church hierarchy:

*I was put in a covenant group. It was an hour and a half away. It was on my day off. So, three hours on the road and then an hour and a half in the covenant group and I've missed a day with my kids.*

*- Male, Focus Group 4*

This pastor's quote implies that participation on peer groups may have prevented him from engaging in valued, potentially beneficial interactions with his family.

A third theme under Negative Experiences was a mismatch between group activities and individuals' needs. For example, some clergy expressed discontent with the way that other clergy would use group time to complain about their congregations.

*I like the accountability with the groups when I've been involved, but most of the time it turned into a session with what the church or the congregation is doing to them. And it really got away from being focused on being accountable to one another and it turned into a session, 'Well, you don't want to go to that church because these people are crazy.' I didn't find a benefit from it.*

*- Male, Focus Group 2*

*[Peer groups with other pastors] could just end up being gripe sessions and no, nobody needs that. And you go to one and that's all you hear and you're like, "I don't like this."*

*- Female, Women pastors group*

Thus, the focus group data indicate that some pastors had negative experiences in peer groups because they gathered with clergy with whom they felt little connection, because the groups interfered with other valued activities, and/or because peer group activities failed to meet their needs.

*Individual differences in coping strategies.* Focus group data also provided insight into why group experiences for clergy diverged. Data suggested a third domain in which clergy responses to group experiences were partially dependent on individual differences between pastors, particularly in how clergy coped with stress. For example, citations included above contain mixed responses to the "venting" that occurs in peer groups. One pastor appreciated that she could "... vent without anybody looking down their nose at [her]"), while another that he "didn't find a benefit from it." This mixed response suggests that group members cope with stresses in different ways. The critical role of differences in coping styles was further suggested by other clergy's comments. For these pastors, interactions in peer groups served to enhance rather than relieve stress.

*Some people get stressed by stress released within the group. To be able to talk it through on the issue and develop feedback and support that way, whereas I withdraw and allow myself to regenerate. The support of the group was nice, but ultimately you have to know yourself and how you handle the stress to be able to recharge yourself.*

*- Male, Focus Group 1*

*My idea of hell if I had a picture of lakes of fire and stuff, is being forced to spend a particular amount of time with a bunch of other ministers. . . Because the tendency is, when a bunch of ministers get together, is to what? Talk business. It's natural. And the thing I need more than anything else as a pastor is to just sometimes forget that I'm a minister. And that's just like forcing it even more.*

*- Male, Young pastors group*

The theme of personal coping styles emerged repeatedly among focus group respondents, though not always directly in reference to peer groups. Two examples follow:

*Wherever I go, I find a group of . . . guys that swam in college and I swim with them in the morning or in the afternoon, a master's group. They have bad language and it's great to be around it now and then and they don't care about church. And I swim with them and I have fun.*

*- Male, Large church pastors group*

*I'm one of those nuts that like to walk or hike or bike or whatever or even gardening in my yard with my plants and my dogs. That's how I find peace and joy, feeling my hands in God's earth and the beauty we have surrounding us and you can find all kinds of peace of mind [inaudible] in His surroundings.*

*- Female, Women pastors group*

Although the previous two descriptions of alternative forms of coping do not preclude the possibility that groups might also help these pastors, they do suggest that individual differences might dictate a wider variety of coping strategies for maintaining clergy mental health.

Taken together, data from the focus groups reveal that some pastors have positive experiences, finding emotional and informational social support in groups, while others do not enjoy group activities and benefit from alternative forms of coping. These data suggest that a major key to understanding the effectiveness of peer support groups in reducing mental distress is better appreciating the variety of individual coping needs of those involved, and realizing that peer groups may not be an appropriate choice for everyone.

## Discussion

This study examined whether clergy peer groups reduce mental distress, as suggested by prior work on support groups in both clergy and non-clergy populations. Its focus on mental health and use of longitudinal survey data represent methodological improvements over previous studies.

Quantitative analyses tested direct and indirect effects of three possible profiles of participation in peer groups. Analyses of direct effects indicated that no profile consistently predicted lower mental distress. The strongest predictor was being in a group at both time points, which predicted fewer MUDs and, at a marginally significant level, less depression, but did not predict anxiety. However, because group participation for these clergy was initiated before the start of data collection, this was also the profile most susceptible to selection effects, and so provides the weakest evidence for positive group effects. The strongest evidence was expected to come from those joining a group, but this profile did not predict any of the three outcomes. Indirect effects were tested by examining whether participation profiles moderated the positive effects of occupational

stressors on mental distress. Analyses indicated that all profiles moderated the effects of serving in a low morale congregation on MUDs, but generally exacerbated the effects of congregational conflict on MUDs and depression. The mixed results for tests of both direct and indirect effects did not reveal a clear relationship between peer group participation and mental distress.

The qualitative data can help us explain these quantitative findings. Some focus group participants mentioned that peer groups provided needed emotional and informational social support, while others indicated dissatisfaction with peer groups and preferences for alternative forms of coping, such as connecting to people outside of the religious sphere. Quantitative results therefore failed to find the anticipated mental health benefits of group participation because groups were only serving the needs of some clergy. Quantitative analyses used all available data, meaning that they included both those who benefitted from groups and those who did not. Because path models rely on average effects, the mixed and null results obtained may have been the result of pooling the dissimilar responses of these two types of clergy, effectively masking true variation. Unfortunately, the data do not contain measures of the constructs needed to test this assertion quantitatively (e.g., group activities, individual coping preferences).

Taken together, the quantitative and qualitative results suggest that peer groups can benefit mental health, but their effects vary by individual characteristics. This finding is consistent with the work of Maton (1989) who argued that groups are most effective when they create an environment that matches the personal characteristics of their members (see also Helgeson et al. 2000; Ussher et al. 2006). Current findings suggest that one characteristic that moderates group effectiveness is personal coping style. Future work should explore what other personal differences might also play a role.

Maton's (1989) contention also suggests that individual differences will interact with group activities in producing mental health outcomes. This implies that different clergy may respond well to different types of group practices. While some clergy respond well to "venting," for instance, others might find it stressful. Individual variation means that peer groups cannot be seen as a "one size fits all" solution to the mental health challenges of pastoral work. The upside is that groups can conceivably be designed to meet the needs of a wide variety of clergy. Prior work on clergy peer groups, for instance, indicates that self-direction can be important to producing positive group experiences; a similar approach might also have mental health benefits (Marler 2010; D. B. Roberts 2010a). At present, some research explores what occurs in clergy peer groups (Austin Study 2010), but additional work is needed to determine which group activities have an impact on mental health, and for which types of people.

This study has a number of limitations. Quantitative data constraints do not allow for a closer examination of what occurs within support groups in this sample, making it impossible to determine how group activities might interact with individual differences to produce mental health outcomes. The survey data are also spaced two years apart, and closer spacing would likely allow for more specific testing of the relationship between peer groups and mental health. Finally, the data are from a limited sample: UMC clergy in North Carolina. Therefore, study results cannot be taken as statistically representative of all clergy, although on theoretical grounds they are likely informative of this wider population (A. Miles and Proeschold-Bell 2011a).

Despite these limitations, our results nonetheless provide an important caution for denominational leaders seeking to improve the health of their clergy. The varied effects suggested by this study indicate that peer support groups, although simple and inexpensive, cannot be relied upon as a blanket solution to the challenges inherent in pastoral work. Rather, they indicate that greater attention needs to be paid to the internal dynamics operating in groups to ensure that groups are addressing the problems faced by their members and that participants are involved in groups that match their individual characteristics. Similarly,

groups will probably not be effective for all clergy, and other strategies might be required to meet their needs. On the positive side, these results also indicate that some pastors will benefit from support group participation. This is good news for denominations burdened by the rising cost of healthcare and health-related loss of productivity among their clergy. Charting the interactions between individual differences and the internal workings of support groups is an important next step in the study of support groups, and a potentially fruitful avenue for those interested in improving the mental health of clergy.

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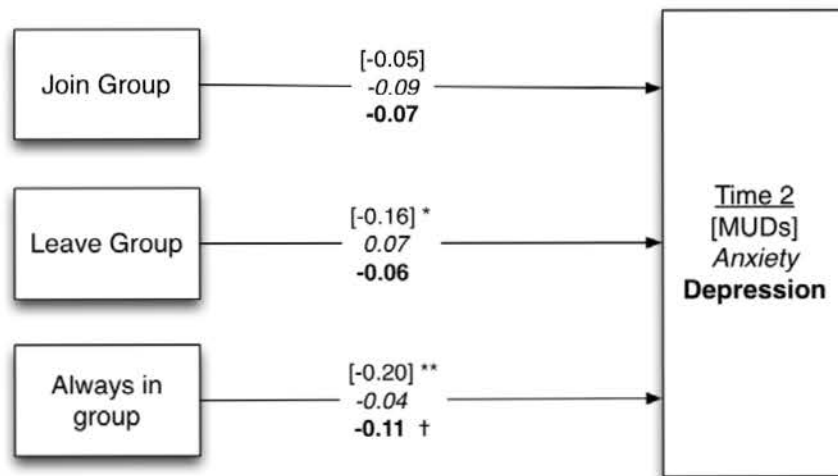
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Table 1  
*Sample Description*

	Mean/Proportion	Standard Deviation	N
<i>Mental Health</i>			
MUDs	3.3	6.5	1474
Anxiety	4.4	3.2	1472
Depression	3.9	4.3	1463
MUDs-T2	3.5	6.4	1324
Anxiety-T2	4.6	3.4	1327
Depression-T2	4.2	4.6	1330
<i>Group Membership</i>			
Join group	13.9%	--	1320
Leave group	13.4%	--	1377
Always in group	28.5%	--	1379
<i>Workplace Stressors</i>			
Low morale	0.6	0.4	1475
Negative interactions	2.7	0.4	1475
Conflict	2.1	0.8	1437
<i>Controls</i>			
Black	6.4%	--	1461
Age	52.0	10.5	1473
Bivocational	12.7%	--	1475
Relocated	23.8%	--	1513
Local pastor	27.3%	--	1445
Retired pastor	5.1%	--	1445
District superintendent	1.8%	--	1389
Time in ministry	17.1	12.0	1475
Hours worked	47.8	15.7	1473

Note: Total N = 1,513

**Figure 1**  
**Longitudinal Path Models of Peer Support Group Participation and Mental Distress**



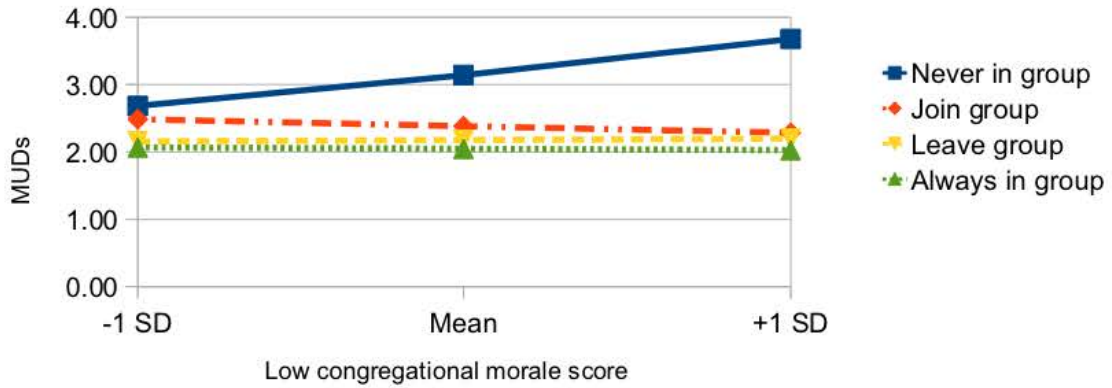

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Results of path models for MUDs, anxiety, and depression. All models controlled for all control variables and the lagged outcome variable, and path coefficients are semi-standardized, †  $p < .10$ ; \*  $p < .05$ ; \*\*  $p < .01$

# Figure 2

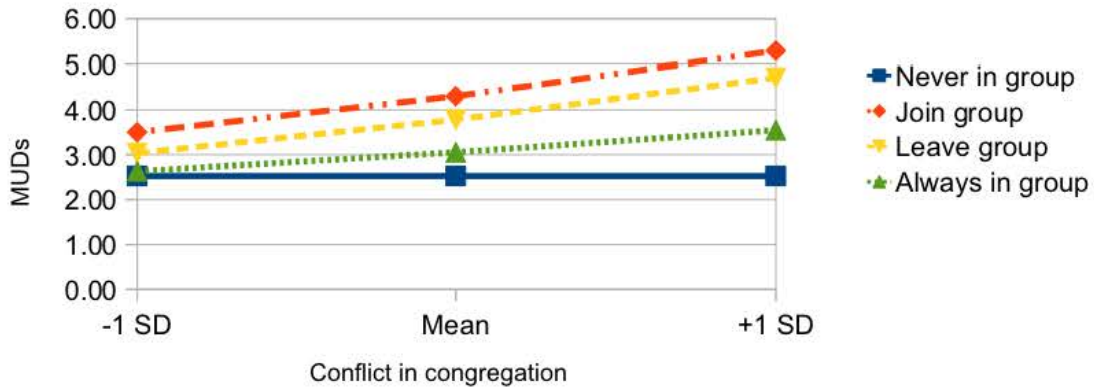
## Panel A

### Predicted MUDs by Congregational Morale and Peer Group Participation Profile



## Panel B

### Predicted MUDs by Conflict in Congregation and Peer Group Participation Profile



## Panel C

### Predicted Depression by Conflict in Congregation and Peer Group Participation Profile

