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for Church Leadership

Leading Ideas

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Clergy Health — A Mixed Portrait

By Joseph E. Arnold

Studies of clergy beginning in the 1700s consistently found that clergy lived longer than other professionals. But by the middle of the twentieth century something was changing. Clergy could no longer claim that distinction. Indeed, concern about the state of clergy health is mounting steadily—due in part to heightened health consciousness in our culture broadly, but more specifically to the rapidly increasing median age of clergy and skyrocketing health insurance costs in many denominations.

Is there a crisis in clergy health? Several U.S. denominations have intensified their efforts to collect data on the wellbeing of clergy. In August 2008, the General Board of Pension and Health Benefits of The United Methodist Church (General Board) established the *Center for Health* as a denominational focus on health. This initiative is the umbrella for activities established to track and monitor health data across the UMC. A Church Systems Task Force has been convened to study the effects church systems have on the health of ministers by reviewing essential employment systems and church structures that may affect health, conducting research, and making recommendations. The task force research includes a literature review conducted by the Lewis Center, which has unearthed the following noteworthy information, underscoring the need for additional research.

Overall, the literature points to the need to define clergy health broadly and holistically, as *wellbeing*. This includes not only traditional medical indices of physical and emotional health, but also self-care practices and access to health care resources, supportive personal and professional relationships, balance and coping skills, positive outlook and attitudes, and a passion for ministry grounded in a robust spiritual life.

With regard to the physical health of clergy, the good news is that clergy still tend to be physically healthier than the general population. The bad news is that's not saying very much! So, for example, a study of one denomination's clergy (all male) showed that 23 percent of the clergy were obese (BMI of 30 or more) and 34 percent were overweight (BMI of 25 or more.) [*Body Mass Index (BMI)* is a number calculated from a person's weight and height as a reliable indicator of body fat.] But clergy are still less prone to weight problems than the overall population where 33 percent of men are obese and 67 percent overweight. Much the same can be said for a number of other indices of medical risk.

Clergy also tend to do better than the population as a whole with regard to many areas of lifestyle risks. They are far less likely to use tobacco. They are more scrupulous about avoiding risk through safety precautions such as seatbelt use. And while lack of exercise is an issue for clergy, they still compare favorably to the U.S. population as a whole in this regard. However, there is a lack of direct evidence on many medical risks, and much more research is needed to get an accurate portrait of the physical health of clergy.

The emotional health of clergy has been studied far more than their physical health. Stress is a common concern of clergy health literature, which reveals that clergy suffer high levels of work-related stress. At

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the same time, however, clergy report the highest level of job satisfaction of any profession—87 percent of clergy are satisfied in their jobs compared to a national average of 43 percent. What can explain this seeming paradox between high career satisfaction and high stress? It may result from a deeply felt sense of vocational calling that yields a purposeful, if urgent, sense of responsibility.

The varied nature of a pastor's task may actually lessen stress— unless it is accompanied by conflict arising from competing role expectations. In general, the literature shows that stress results less from a myriad of small incidents and more from the larger, ongoing patterns of congregational life— how well the congregation is functioning, the level of morale, and the presence or absence of conflict. This begs the question of whether the declining state of so many mainline congregations is adding to the epidemic of clergy stress.

The tensions around balancing the demands of work and family life are particularly pronounced for clergy. A study of clergy found that pastors in stressful work situations were likely to report problems at home. And the ambiguous boundary for many clergy between work and home life is no doubt a factor.

Interestingly, studies reveal that while physical health tends to decline with advancing age, mental health tends to improve. This is true for clergy and the general population. Several studies have noted that younger pastors suffer more stress and are at greater risk of burnout. While the first year of ministry is difficult regardless of the entrant's age, older persons entering ministry as a second career are not at the same risk for emotional problems as younger clergy.

Finally, review of the literature of clergy health makes clear that much more research is needed, particularly on issues of physical health and medical concerns. Collecting data on clergy health on a regular and ongoing basis would permit analysis of trends and early detection of problems. There is a specific need for information on the adequacy of access to health care for clergy, particularly those who are geographically isolated. And the implications of itineracy on the physical and mental health of United Methodist clergy are not yet well understood.

In all, the current portrait of clergy health is mixed and also incomplete. The issue warrants increased attention.

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Note: The research in this article is drawn from a review of literature on clergy health prepared by the Lewis Center for the General Board of Pension and Health Benefits of The United Methodist Church as a part of a major clergy health initiative undertaken by the General Board. To learn more about the General Board's Center for Health visit http://www.gbophb.org/health_welfare/centerforhealth.asp.

By having the courage to change themselves, [leaders] model the behavior they are asking of others.

Robert Quinn

Congregational Integrity by Lovett H. Weems Jr.

We rightfully expect personal integrity in our leaders. Should we not also ask whether our congregation has integrity? The behavior of organizations is as important as that of individual leaders. What a church *is* as an institution may very well have more impact on people than what it *says* to them. This may be all the more critical as we seek to reach younger and more diverse disciples who notice inconsistency quickly.

Integrity requires congruence. The goal is not so much congregational perfection as consistency. Within a congregation, the ideal is to have three views of the congregation aligned:

- what you say about your church
- what people perceive your church to be
- what an objective analysis of your church would reveal

Where there is lack of alignment, integrity is hard to achieve. Such lack of integrity leads to weakness. A church finds power when what the church says about itself, what people perceive as reality, and what objective observers say are all one.

Imagine a church where the slogan on the bulletin says, "In the heart of the city with the city on our heart." A visitor attending that church asks a church member to describe the church, and the response is, "We care about and serve our community." A visiting church official after working with the church says, "The most striking feature of this church is the commitment by everyone to serve this neighborhood." In that church there is strength.

The relationship of belief and action, words and behavior, cannot be stressed too much. No matter what we say, people only pay close attention to what we do. Inconsistency is devastating. More coherence between belief and action could make many of our spoken and written words far less necessary.

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The Right Question

Leaders do not need answers.

Leaders must have the right questions.

When someone makes statements that do not seem to match your perceptions, some questions from which to draw are:

On what information do you base your comments?

What experience convinced you of this?

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