

The Leader's Way Podcast

5: Clergy Wellness with Rae Jean Proeschold-Bell

Rae Jean: When you have flourishing mental health, you have high levels of positive emotions every day, good psychological well-being. These are things like warm and trusting relationships, feeling like you're growing as a person. And you also have good social well-being, which are things like feeling like you're contributing to society and that you belong to a community. Questions like, "How do you do that?" and "How do you do that in ministry?"

Brandon: Dr. Rae Jean Proeschold Bell is a research professor at Duke's Global Health Institute. Since 2003, Rae Jean has developed and tested interventions that integrate mental and physical health. And in 2014, she began studying the presence of positive mental health, and not just the absence of mental illness as a way to prevent health problems and promote well-being.

Rae Jean's current research questions are, "What is the relationship between mental health and physical health across time?" "How can occupational groups of people who are servant-hearted sustain well-being?" "And what is the role of positive mental health in initial behavior change and in sustaining healthy behaviors?" Her research and work have focused on clergy across the United States, caregivers of orphaned children in Cambodia and India, Kenya and Ethiopia. She's worked with medical providers, and she's studied teachers across the world. Most recently, her book, *Faithful and Fractured*, responding to the clergy health crisis, is such a gift to the church ecumenically, to the Christian family, a really important clarion call for clergy to take better care of themselves so that they can better care for their people. I hope that you enjoy this conversation as much as I did.

Brandon: Dr. Rae Jean Proeschold-Bell, we're so thankful to have you here on The Leader's Way at Yale Podcast. Welcome.

RJ: Thank you. It's good to be here.

B: Well, obviously since the pandemic, we all have been having an important national conversation about mental health. And perhaps there's even greater

urgency among those professions who provide care for others. Mental health professionals come to mind, clergy certainly come to mind. And I think there's still a persistent stigma around talking about mental health challenges for providers of mental health care and spiritual care as well. And I'm just curious how you got into the field of clergy mental health. And I wonder if you could tell the story of your vocation and what led you to this work.

RJ: You know, coming to this work was a surprise for me. I was trained in clinical and community psychology. And community psychology is the study of how systems affect individuals. And I was doing research on interventions for people with HIV, substance use, alcohol use, mental health problems, all at the same time. And those folks, I mean, I would interview them, and we would ask the income questions. And for a lot of them, income was zero dollars. This was the group that I was really committed to for the first three or four years of my career post PhD.

And then I had a colleague who said, hey, we just got a grant to improve the health of United Methodist Clergy in North Carolina. Would you like to be a part of that? And I was like, well, do they have health problems? And she said, well, they think they do when they gather. They look out at each other, and people are increasingly overweight. And I'm like, yes, but America is increasingly getting to be overweight. And she said, well, their health insurance is costing a whole lot. And I was like, yes, but health insurance is going up for all of us. And then I started really thinking about this. I was like, okay, are they educated? And she's like, yes, usually they have a three-year master's degree. I was like, do they earn a salary? Yes, you know, probably not as much as you would normally get for a three-year master's degree, but they do. And I was like, are they part of communities? Do they feel like they belong? And she's like, well, yes, definitely. And so I was like, well, then there shouldn't be a health problem because those are all very protective factors.

And she said, well, just come to the first meeting. And so I came to the first meeting, and I was told that if I wanted to compare the health of these United Methodist Clergy to people in their community, North Carolinians, that I could do that. And so that sold me that plus there was so much funding for this group that didn't have the strongest concerning data behind them that I got a little indignant

and really wanted to do the study on behalf of the community of people with HIV who I felt like maybe could use more attention. And what happened was I was completely wrong. Brandon just completely, completely wrong.

And that when the data came back from our surveys that we saw that the United Methodist Clergy had a much higher obesity prevalence rate than North Carolinians. I'm talking by 11 or 12 percentage points. And then that probably was driving all other kinds of health disparities that we also saw, and their depression symptoms were higher than the same questions asked to a national sample. And so then I felt like this is an important group and a good place to be.

When I went to the bishops and asked permission to survey some of their clergy, I said, don't worry. I won't take all of your pastors time. I will sample. And they said, oh, no, it's all of us or none of us. And I was like, OK, wow, this is really different. But I mean, hello, welcome to the connectional ministry. And then when we actually did the survey and – mind you – in social science, getting, you know, 50 or 60 percent response rate is considered good, and 70 percent is considered really solid. And that first year we got a 95 percent response rate. And so how could I not love these people who are in it wholeheartedly? And we're also concerned about themselves or each other and willing to do an hour-long online survey. And we've continued that survey every two years since.

B: I mean, I'm just so thankful for the work that you're doing and the questions you're asking. I think it would be easy just to sort of skip over clergy. You're part of the clergy health initiative that seeks to support clergy and address these challenges head on. And so I wonder if you could share a little bit about the clergy health initiative, share what you're discovering. Are there any surprises? And what can we do to support our clergy? Both Methodist clergy, but I presume some of the findings are relevant for clergy of nearly any Christian denomination.

RJ: So the Duke Clergy Health Initiative started in 2007. So we have 15 years of a growing consistently deeper understanding of United Methodist Clergy in North Carolina and that's thanks to the funding of the Duke Endowment. We are so lucky here in North Carolina to have them as are the United Methodist Clergy.

All of my own clergy research is of United Methodist in North Carolina. There are

some big caveats to that. So for the longest time, my team and I thought that what we were learning about United Methodist Clergy was true of all clergy. Now, David Eagle and Anna Holloman on the team are learning other things in part because the National Survey of Religious Leaders, led by Mark Chaves at Duke and the Department of Sociology, has a really great national sample with lots of different denominations of Christian leaders and clergy. And from that, we've learned there are a few differences in terms of depression symptoms. It looks like mainline Protestant clergy are just much worse than all other clergy groups. And in terms of those high obesity rates that I was just talking about, it looks like those might be more specific to United Methodists, even not just mainline Protestants, but the United Methodist. And so there are some surprises and some mystery there to get into and try to figure out. And that is some of the work that we'll be doing now. I hope there's some good news in that, too, which means that you can be clergy and be healthy, even within the United Methodist. And so there's just a lot to learn from each other.

You were talking earlier about the mental health of clergy. One thing that I wanted to do is to get out in front of mental health problems and how can you be preventive in the first place? And so there's a growing body of literature on something called flourishing mental health. And when you have flourishing mental health, you have high levels of positive emotions every day, good psychological well-being. These are things like warm and trusting relationships, feeling like you're growing as a person. And you also have good social well-being, which are things like feeling like you're contributing to society and that you belong to a community.

Questions is like, how do you do that? And how do you do that in ministry when you have lots of pressures on your time and just a variety of challenges? And so we did a study where we took 52 United Methodist clergy and two thirds of them had been scoring really well on our surveys in terms of better mental health. And then one third of them were experiencing burnout. They weren't necessarily they specifically actually were not experiencing like high depression or anxiety symptoms, but they were experiencing burnout. Oh, we put them through their paces. We did really long in-depth interviews, but they also filled out a diary of what they did every hour of every day for a week, and then we had them rate what

those activities were in terms of like how meaningful, important, enjoyable and unpleasant they were.

We did not ask them, why are you flourishing? Why are you burned out? We did not ask them that. Instead, we systematically went through the data of like how they spent their days and where they found joy and how they handled struggles to see what was different. And we found that there were four behaviors that flourishing clergy do that clergy with burnout do not do. And some of these are kind of surprising to me. So one of them is they are intentional about their health practices, a physical health practice like walking. It could be a spiritual devotion. It could be something good for their mental health, but they pick one and they determine when they're going to do it and they make a backup plan or two for when it doesn't happen because, you know, pastor's lives are very unpredictable. The second thing they do is they actually do have some time set aside just for themselves. This might be I'm never going to interrupt family dinner, or it could be, you know, alone time for themselves. It is actually really important to have some time for yourself. We found in every study, social support is so important. But what we found through those diary data is that flourishing clergy and not clergy with burnout reach out to other people and share their good news. So they elevate and extend some of the positive emotions that they have every day by calling someone up and saying, hey, I saw this good thing. I witnessed this. I was part of this. And that's something we all can do.

The final and fourth thing that they did is they handled criticism differently. We had heard from clergy for years that they might get nine compliments and one criticism, and the criticism could be something small like over the bulletin or something. And they would still persevere on the criticism. But flourishing clergy, they hear the criticism and then they go back to their mission. Like, what is God calling me to do in this season? Does this criticism relate to that? And if it doesn't, they are able to let it go. And clergy with burnout hold on to that criticism a little bit more. And so we kind of named that focusing on working in alignment with God as being one of the four behaviors for flourishing clergy.

B: You know, there's two terms that you're using and I think there might be a danger to assume that someone like myself or folks in ministry understand these

terms. And I'm wondering if you can unpack them a bit. And one is health and the other is burnout. Are there certain tried and true categories in your field like health and burnout that are really well defined? Are you leaning on the definitions of other folks? Are you in an iterative way actually creating some new nuance to these definitions? Could you share a little bit about what those two words mean health and burnout for you as a researcher?

RJ: So when the Duke Clergy Health Initiative first started, we defined health broadly as physical, mental, and spiritual well-being. And that in some ways was just intuitive because researchers often divide up different kinds of health so that they can get more specific when they're studying each kind separately. And people did kind of call me out in the beginning and talking to some clergy about how it might be impossible to separate those out. And when you look at the World Health Organization's definition of health, actually the first time I looked at it, it really floored me in its comprehensiveness. And so here it is. Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Think about that. We should not just be measuring what's going wrong, but we need to be measuring what's going right. And so the Clergy Health Initiative, we spent our first six or seven years really looking for problems. And then around 2014, we started looking more for what is going right. And I think they both inform each other.

B: Yeah, thanks, Regina. I love how integrated that approach is. And then on the burnout side, are there early warning signs that might be a signal to some folks to take some action? I suspect that clergy, given their other centeredness, might only recognize some of those signs when they're quite intense. Of course, it's never too late, but when it's too late and they're decompensating. So how can you help clergy maybe self-identify some early signs of burnout?

RJ: It is something that sneaks up on you really quickly. You can go from feeling good and energized in your work, and then you take on one more thing because you're feeling good and energized in your work. And then it turns out that that one more thing kind of tips the balance. Be willing to say no. And that's really hard in a

ministry context where there's so many expectations and different congregants have different job descriptions for each clergy person. And that can be a big challenge.

So burnout has been well studied and was first proposed by Christina Maslach. Or maybe not first proposed by Christina Maslach, but really picked up by her and defined as three different components to burnout. One is emotional exhaustion. Another is when you start to feel cynical and like you're depersonalizing other people. If doctors are joking about patients or clergy are joking about parishioners, like these could be warning signs that you are moving into burnout. Although that cynicism, we see that in very low levels among clergy in general. And then the last one is this kind of lack of personal accomplishment. You just feel like you're not getting anywhere. And that's really challenging for clergy anyway because you know, most of your work is never really done. Even when you have a very successful conversation or counseling conversations, somebody's feeling the spirit or you did some counseling and they're feeling in a better place. Like that work isn't neatly sealed and wrapped up like building the houses.

And of all of those, I get most worried for clergy around that emotional exhaustion piece. Clergy work is emotional. A lot of it is interpersonal, even if it's not emotional. It is between people all the time. So while we do see right now in the United Methodist Clergy 50% having at least one of those three kinds of burnout in 2021, that's not unusual. It's actually, we've done studies comparing the same burnout measure across clergy, social workers, medical providers, first responders who get kind of an adrenaline rush, which might not be so unlike some clergy after a community meeting or a sermon. And what we found is that clergy burnout is really just on average with all of those. That it's about the same as that of teachers and social workers. Although you could say, do you sit back and think, oh, those teachers have it easy, or those social workers have it easy? You do not. And clergy certainly don't. But I hope that that gives some hope and that there are ways to protect yourself against burnout.

B: It's one of the ironies, I think, theologically, that the full humanity of Jesus was part of the earliest Christian controversy. For most Christians, the full humanity and full divinity of Jesus are honored and celebrated. So this religious tradition, Christianity, that is honored the way in which divinity can fully enter the body and

the sacredness of the body ends up producing leaders that are undervaluing the body. It's a great irony, right? And yet I think theologically, we can actually sort of draw back to our tradition and say, our bodies are actually so sacred that they were worthy of receiving the full divinity of Jesus. And therefore, we need to care for them.

In order to give sustainably over time, we need to somehow take care of these instruments, and I'm really hopeful that your work can help us better care for our bodies so that we can do this really important ministry for even longer. So I'm wondering, is there one thing that you tell clergy to do? You know, I mean, you've articulated these really four beautiful best practices of healthy clergy. But when you're in the elevator, you know, when you bump into a pastor or a priest, is there one thing that you tell them, some advice that they'll take to heart?

RJ: I want them to be hopeful that they can be in ministry for a long time and that there are many ways to do that. There's not one size that fits all. And even within your own life, you're going to need to change things up to keep them fresh. And you will have different seasons of your life. And so you'll want to turn to different practices in parts of those lives. Now, you may always have a prayer practice, but maybe your prayer practice looks different at different times. And so there are a couple of things I might suggest, and then maybe your listeners will find one that sounds more right for them at this season.

One is we know and the longest study on happiness knows that having close, warm, trusting relationships with other people makes a big difference. And so one thing that I would encourage is finding a group of people, maybe who knew you before seminary and have an annual event with them. And this comes out of the fact that I have such an event in my life, and it has really been like changing over the 20 odd years we've done it. But by having a regular event that's already set up, you stay in touch with people you care about and who care about you over many years. And so one year you're doing really well when you come together and another year, maybe you're not. But if you've got a situation already set up where you're going to see people, that's the best and easiest time for that support.

The other thing that we are finding, I didn't share earlier that we recently

completed a behavioral trial of 300 United Methodist clergy to look at stress management. And we tested three different ways of getting to stress management and two of them shown at really bright spots on ways that clergy can manage their stress. And so I would highly recommend either of these. So one of them is mindfulness-based stress reduction, which I'm sure all your listeners have heard about. But what we now know is that clergy will do it and they will do it almost every day for six months for an average of 27 minutes a day. And that if they do that, compared to a control group of clergy not getting anything, they will feel much better. So fewer stress symptoms, fewer anxiety and depression symptoms, better positive mental health. So they'll feel better, and they actually physiologically will be better. By three months, their heart rate variability has improved by 14%. And heart rate variability is your heart's ability to relax following a stressor. Did you know that after a stressor goes away, we don't automatically relax? The exam is over. Mentally, you know you should be relaxed, but you're not actually until you invoke something. I think this is why we have happy hour around the world. It's like we have to recognize the stressful part is over. And so if clergy can recognize the stressful part is over, and in this Salah Stress Management Trial, that the heart rate variability improving is linked to fewer heart attacks, fewer strokes, the exact way that stress can kill you. And so I strongly recommend mindfulness-based stress reduction.

We also tested a prayer practice. Prayer practices should improve your relationship with God. And that's paramount. But we also thought, wouldn't it be wonderful if it also reduced your stress at the same time? And so we tested the daily examen. And this is an Ignatian prayer practice, you know, takes 10, 12 minutes a day. It's been done for 500 years. And do you remember earlier when I was talking that flourishing clergy work in alignment with God when they are criticized? Well, I turned to this practice as a potential way of how to do that, because with the daily exam and you reflect back on your past 24 hours, you think about where the strongest emotion was, and you've talked to God about it. So we found also really good outcomes with the daily examen and although not until six months, and they really hinged on improved stress symptoms, improved anxiety, depression and positive mental health symptoms and a nice strong boost in spiritual well-being, which you would hope for.

We did not see physical health changes at three months, but we didn't measure it at six months. And so I don't know for sure what would have happened at the six months. If any of your listeners would practice mindfulness-based stress reduction, that is what we are really recommending. But if you don't think you'll do it and you do think you would adopt a prayer practice, the daily examen is a really good choice.

B: Regina, thanks so much. As someone who both has a daily exam in practice and is a teacher of mindfulness-based stress reduction myself, I'm thrilled. Me too. We didn't plan this, but we're having a providential moment. I love that you're naming the power of contemplative practice to not only connect us with God more deeply, but to connect us with our bodies and safeguard our physical health. Maybe the last question has to do with seasons of life. I love that way of reflecting on life. And you mentioned seminary. And I wonder, is there something that you would recommend for folks in ministry in the seminary season of life? Are there some best practices to be integrating at that point? And especially for those of us who think about seminary education and how we should be supporting our students to create lifelong practices.

I wonder if there's any special encouragement. You know, the church doesn't change slowly. Seminaries don't change slowly. But we're in the midst of a crisis, which I think requires some amount of urgency regarding how we teach mental health, if we teach mental health at all in seminary curriculum. So for those listeners, and I suspect there will be a few who are responsible for designing seminary curricula and education. What sort of encouragement would you like to give to us?

RJ: That's great. You know, I have the great pleasure of working with some colleagues in Duke Divinity School. And then we've got two researchers, David Eagle and Aaron Johnston, doing a remarkable longitudinal study of seminary students there. So folks should look for their physical health outcomes and some mental health changes that they will be seeing. And then those should come out in the next two or three years as they follow the first three cohorts of seminary students into ministry. We don't have all of those yet.

But one thing that we've learned on that project is that seminary students really do want to take care of themselves. They really do want healthy mind, body and spirit. And they in interviews, they tell us that when they first start seminary. And then they find that the rhythm of seminary is hard for them. First of all, they've been a lot of them uprooted from whatever, say, physical health practices they had before. Cooking, exercise, a lot of that changes when you start school. And then there's just, you know, oh, now I've got finals and I've got midterms. In like physical health and behavioral research, there's something called the intention behavior gap. And that's what we're seeing. Like there's a really strong intention. And yet it's hard to sustain healthy behaviors during seminary.

And so one recommendation is to do kind of advanced planning. Go ahead and recognize this. You know, you're going to have finals week. So how are you going to approach finals week? And is there something you can do? And you might even decide, actually, that's the week that I'm not going to worry about my health. But therefore I do need to worry about it in previous weeks. I would recommend that everyone prioritize sleep, like always. The literature on that is definitive that we think we do well when we're sleep deprived, and we actually don't. And just study after study for medical doctors, anybody shows that.

We've also heard from seminary students that they feel like maybe they can compromise their health for just a few years, because this is time set apart and that it will be better when they become clergy. And then what we hear from clergy is like, oh, no, it's not better. I'm sorry. I'm sorry for any seminary students out there. But it's actually harder serving as clergy. And so therefore I think it would be fantastic to learn how to manage stress and find protective time and behaviors and practices during seminary that you can carry on with you. If there are any seminary leaders out there, oh, my gosh, there's so many pressures on the curriculum. There's so much that you have to bring students through. It's really hard to have any give in that. If there was any way to structure the day to allow students to have those structural prompts to care for themselves, if there could never be classes in the middle of the day for 90 minutes and you say, this is your wellness time to have a walk in a healthy meal. If there's something that you could build into the structure and to go ahead and talk to students about needing to care for themselves for the long term, that would be really welcome.

B: Oh, my gosh, I'm really hopeful that folks heard that message and your encouragement as deeply as possible. Dr. Ray Jane, Prashil Bell, we are so thankful for your time, for your work. We understand this kind of research as a really important ministry. It's ministry to ministers. So thank you for giving yourself to it so fully.

RJ: Thank you. It has been my pleasure these many years. And I've learned so much about myself in the process. And it also has led me to study the well-being of teachers and caregivers and clergy are in it wholeheartedly. And there are other people also called to their work and in it wholeheartedly. And I just get such inspiration from them all the time.

B: Thank you for listening to the Leaders Way at Yale podcast. Join us in our work to heal the healers, care for the caregivers, and support the spiritual leaders who are transforming our world in compassion, justice, and love online at berkeleydivinityschool.yale.edu.