

Approaching clergy health holistically

How to read this chart

Programs to improve clergy health will succeed only if they address the multiple conditions that contribute to health, especially conditions created by congregations and denominational polities, new research from the Duke Clergy Health Initiative shows.

This chart shows the conditions that are amenable to change and those that are not. These conditions affect one another in complicated ways. Effective interventions will account for these relationships and simultaneously target more than one condition.

Static

Conditions less amenable to change

- Marital/family status
- Gender
- Age
- Education
- Ethnicity



Intrapersonal

- Unrealistically high expectations for self
- Handling financial strain
- Extent of physical health knowledge
- Ability to set boundaries to protect personal time
- Skills to manage conflict

Dynamic

Conditions amenable to change

- Support from family, friends, congregants, other pastors and denominational officials
- Living up to priestly role

Interpersonal

- Family needs

Congregational

- Complexity of pastor's work
- Lack of privacy

- Congregational norms about food
- Congregation's understanding of pastor's roles
- Congregation's and lay leaders' expectations of pastor's constant availability
- Organizational health of the congregation

Institutional

- Church size
- Ordination status

- Easing transitions between appointments
- Expectations from denomination and peers
- Perception that mental health care is stigmatized by denominational officials
- Multiple-point charges (one pastor serving two or more congregations)
- Compensation structure

Community

- Rural/urban setting
- Norms about food and exercise
- Resources available (health, public, social)
- Economic conditions



Graphic by Jessamyn Rubio

Adapted from Proeschold-Bell et. al., "A Theoretical Model of the Holistic Health of United Methodist Clergy," *Journal of Religion and Health*, published online April 10, 2009.