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Intensive OutPatient Therapy for Clergy Burnout: How Much Difference Can a Week Make?

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Abstract A pre-test and post-test quasi-experimental matched pairs design was used to assess the effectiveness of a week-long multi-therapist intensive outpatient intervention process with clergy suffering from depression and burnout. Participants ($n = 23$) in the "Clergy in Kairos" program of the Pastoral Institute (Muse in J Pastor Care Couns 61(3):183–195, 2007) constituted the experimental variable. Clergy surveyed from United Methodist and Presbyterian denominations ($n = 121$) provided a control group from which 23 respondents were selected whose pre-test scores in depression and burnout were statistically equivalent to those in the experimental group. The treatment group consisted of clergy from three denominations who self-selected (or in some cases were referred by denominational officials) into the program. At the outset, clergy in both groups reported equivalent levels of conflict, emotional exhaustion, depersonalization, and depression. At the 6-months follow-up, clergy in the experimental group showed significant improvement of depression, emotional exhaustion, and depersonalization scores. By contrast, there was no change in the burnout and depression scores in the control group at 6-months post-test. Findings suggest the usefulness of a week-long multi-therapist intensive outpatient intervention in reducing burnout and depression.

Keywords Clergy stress · Clergy burnout · Compulsive citizenship

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Introduction

Thankfully, clergy stress and burnout have garnered increasing attention by researchers over the past two decades. While the etiology appears increasingly complex in terms of the variety of contributing factors, burnout in general is a function of caring for others in such a way that one does not receive sufficient replenishment in order to sustain emotional and physical well-being and/or prevent professional misconduct. Whatever its combination of contributing factors, clergy burnout ultimately involves questioning self-worth and one's sense of call in the face of various demands and conflicts, which if left unattended can result in leaving ministry entirely. Doolittle (2007) in a survey of 222 United Methodist parish-based clergy found that 13 % of clergy reported themselves as burned out and 23 % described themselves as being depressed. Most interestingly, the data revealed a correlation between pastors being fully engaged in ministry supported by a rich spiritual life and reporting a high sense of personal accomplishment while at the same time experiencing emotional exhaustion. In a large scale study of 6,900 congregations in Australia from Protestant and Roman Catholic denominations, Kaldor and Bulpitt (2001) found that 19 % of the clergy were in the severe range of burnout with 56 % at borderline. According to Alban Institute and Fuller Seminary studies, (Meek et al. 2003) 50 % of Protestant clergy drop out of ministry in their first 5 years. Stewart (2009) cites a Duke University study which found that 85 % of Seminary graduates leave ministry within the first 5 years and 90 % will not continue until retirement. These figures are in stark contrast to those of an ongoing Lilly Endowment funded research study (Clergy Into Action 2015) which used statistical records from various Protestant denomination data banks revealing a wide variation in clergy attrition rates in the first 5 years, ranging from the 1–16 % among various denominations. There appears also to be wide variation in burnout as well. A survey by Rossetti and Rhoades (2013) of Roman Catholic clergy in the United States ($n = 2{,}482$) found that only 1.5 % of priests reported burnout scores in the severe range.

Factors Affecting Beginning and Longer Term Pastors

Burnout and depression have been associated with age and level of experience of the clergy as well as with long-term patterns in varying ways. Miner (2007a, b) found moderate levels of increase in burnout symptoms within 1 year of entering ministry due to the increasing discrepancy between secularization of society and loss of denominational authority in a pluralistic environment. She found that clergy who hold to their childhood faith without questioning and have low levels of internal orientation appear to be at greatest risk as the loss of external validation occurs. Randall (2007) found that younger clergy were more prone to report burnout related to emotional exhaustion and depersonalization. One conclusion behind the difference in the age of the clergy and level of burnout relates to the naïveté of younger clergy that is seen in other helping professions. Younger individuals in helping professions believe that it is their job to exert large amounts of time and energy into helping solve other people's problems while neglecting their own self-care.

On the other hand, while more experienced clergy understand the need for personal time and the importance of restorative self-care, for a variety of motivations, conscious, and unconscious, they may still neglect this. Role ambiguity and work overload related to the perception of endless demands amidst unclear professional boundaries have been identified as associated with higher levels of burnout (Beebe 2007).

Common Factors Involved

In a review of the literature, Jackson-Jordan (2013) summarized common factors repeatedly identified in the etiology of burnout which deserve attention by faith groups in order to support clergy resilience and prevent their exodus from ministry. She noted the quality of interpersonal skills, relationships outside the congregation, peer/mentor relationships, high role expectations, personal spirituality, and the ability to set healthy boundaries as being among the critical variables identified in the literature. (See Table 1 for a summary of critical factors identified in the literature.)

The peculiar constellation of loss of motivation, energy, and commitment of formerly high achieving persons, according to Freudenberger (1974, 1981), who first introduced the concept of burnout in the literature, are found in every profession, but is most frequently associated with idealism that is inherent to the "helping professions" such as clergy, counselors, teachers, and nurses. The modern definition of burnout developed primarily from research conducted by Maslach and colleagues' beginning in the 1970s who conceptualized it according to three central factors: emotional exhaustion (EE), depersonalization (DP), and lack of personal accomplishment (PA), (Maslach et al. 1996, 1997). In contrast to temporary overload which can deplete physical energy, burnout refers to an

Table 1 Summary of critical factors in clergy burnout and depression

Critical factors	Researcher	Date
Over-functioning for others while neglecting self-care	Skovholt, Grier, and Hanson	2001
Compulsive citizenship behavior	Vigoda-Gadot	2006
Compulsive "cross-bearing" stemming from unconscious childhood agendas	Muse	2000, 2007, 2011
Role ambiguity	Beebe	2007
Work overload		
Perception of endless demands		
Unclear professional boundaries		
Age and level of experience (low internal locus of control and lack of external validation)	Minor	2007
Idealism and naiveté of younger clergy	Randall	2007
Coercive hierarchical demands	McDevitt	2010
Inability to mentalize	Crisp-Han, Gabbard and Martinez	2011
Lack of healthy intimacy		
Healthy intimate relationships impaired by positional power and authority accruing to the role of clergy		
Quality of interpersonal skills	Jackson-Jordan	2013 Review of Lit.
Relationships outside the congregation		
Peer/mentor relationships		
High role expectations		
Personal spirituality		
Ability to set healthy boundaries		
Psychological problems from childhood	Rossetti and Rhoades	2013

accumulated chronic experience of unrelenting stress which "represents an erosion of values, dignity, spirit and will—an erosion of the human soul. It is a malady that spreads gradually and continuously over time, putting people into a downward spiritual from which it is hard to recover." (Maslach and Leiter 1997, p. 17).

Work satisfaction plays a major role in depression among female clergy (Shehan et al. 2007) and Roman Catholic secular clergy (Knox et al. 2005). Not surprisingly, if an individual is not highly satisfied with his/her work, they are more likely to exhibit signs of depression, a condition which over time, if left untreated, can lead to burnout. Higher stress levels in ministry without a sense of personal satisfaction increase stress on the pastor's family and can lead to deterioration of physical health. Tanner and Zvonkovic (2011) found that Assembly of God clergy that had been forcefully terminated reported higher levels of dissatisfaction with family well-being and displayed poorer overall health.

Self-Compassion and Prayer

On the preventative side, (See Table 2 for a summary of preventative factors identified in the literature.) Barnard and Curry (2012) found that ministers with higher levels of self-compassion reported increased levels of job satisfaction and lower levels of emotional exhaustion in the face of various stressors. These findings suggest that clergy who succeed in shedding unrealistic expectations of the "messiah complex" and who are patient and understanding of personal failure or disappointment are more resilient and able to overcome emotional exhaustion. They understand that they are not alone and are better able to stay connected with God and other people by trusting in co-creative contributions rather than going it alone.

Protestant reformer, Martin Luther famously remarked that the more work he had the more time he spent in prayer. The tension inherent to this paradox highlights the dilemma of clergy life between self-care and care for others which has been observed to be the crucial axis to address for clergy burnout. Doolittle (2007) quoted one clergy who expressed the paradox of ministry eloquently:

> What are the expectations of pastors? That we exercise "responsible stewardship" of our lives, take care of ourselves, and "model sanity" for our congregants…or that we pour ourselves out in the Lord's service, serve "sacrificially" and without counting

Table 2 Summary of preventative factors in clergy burnout and depression

Critical factors	Researcher	Date
Work satisfaction	Knox, Virginia, Thull and Lombardo; Shehan, Wiggins and Cody-Rydzewski	2005; 2007
Healthy family relationships	Darling and Hill	2006
Fully engaged, rich spiritual life, ability to reflect	Doolittle	2007
Prayer	Turton and Francis	2007
Vital spiritual life	Turton and Francis; Chandler	2007; 2010
Self-compassion	Barnard and Curry	2012
Feeling personally close to God	Rosetti and Rhoades	2013

the cost to ourselves, our health, and our families, work harder and longer without ever, ever, ever being lazy or giving up?" (p. 37).

A vital spiritual life has been confirmed to be a key prophylactic against burnout (Chandler 2010; Turton and Francis 2007). Rossetti and Rhoades (2013) found the two most significant variables in the low burnout rates among Roman Catholic priests working an average of 63 hours a week were job satisfaction and the inner peace of "feeling personally close to God" (p. 340). Turton and Francis (2007), in a sample of 1,278 Anglican clergy, found that positive attitudes toward prayer acted as a buffer to decrease the chances of clergy becoming burned out. "The empirical evidence suggests that people who pray enjoy a range of psychological benefits, including a greater sense of purpose in life, a higher level of satisfaction with life, and better psychological well-being"(p. 70).

Healthy Intimate Relationships

Healthy intimate relationships constitute another potential double bind for clergy who frequently find themselves surrounded by people, yet removed from the two-way intimacy they seek. Beebe (2007) described this as "a heartfelt desire to engage others at a deeply personal and spiritual level and yet often finding these same individuals to be the cause of vocational burnout because of parishioners' expectations to fulfill a multitude of emotional demands" (p. 258). The positional power and authority accruing to the role of clergy is a factor making this difficult. Crisp-Han et al. (2011) point out that "from a mentalizing perspective, clergy need to recognize that their parishioners view them as Godlike and parental 24 hours a day regardless of context. The pastor will never be 'just a regular guy'" (p. 9). This involves both conscious and unconscious projections onto the role of the clergy. To the degree that this occurs without awareness of either clergy or parishioner, a recipe for disaster is easily brewed along with the extra demands mutual expectations make, creating obstacles to intimacy. Darling and Hill (2006) surveyed over 2,000 clergy in the southeast and found that clergy families with children and healthy family relationships provide real connections that act as a remedy for social isolation as well as serve to alleviate vicarious stress of parish work, in spite of the added demands of the family.

Compulsive Caregiving and Cross-Bearing

From the social research perspective, Vigoda-Gadot (2006) offer a definition of "Compulsive Citizenship Behavior" as a counterpoint to the previously identified Organizational Citizenship Behavior or the "Good Soldier Syndrome," which has typically been viewed as altruistic. But what happens when the "voluntary" aspect of care for others is compromised organizationally by coercive hierarchical pressure on idealistic clergy to never look at their own needs, but only those of the church and the persons they serve? "Where is the fine line between what people choose to do as a matter of "good will" and what they feel they must do because refusing to do so is just not an option?" (Vigoda-Gadot 2006, pp. 81–82). Compulsive citizenship behavior is at times coerced by the larger system in subtle ways that co-opts the voluntary nature of the action. Analogous to the unconscious compulsive cross-bearing survival behavior of the parentified child, conformity to authority in response to coercive pressure in the system "as a means of survival" becomes a source of oppression to the extent that the one conforming does not experience having an

actual choice in the matter. Overcoming this is perhaps what was involved in Jesus' seemingly paradoxical suggestion to the oppressed peoples of the Roman Empire. "If one of the occupation troops forces you to carry his pack one mile, carry it two miles." (Matthew 2001, Mt 5:41 GNT). The second mile offered as a gift sets the person free from the oppression of compulsive citizenship behavior which becomes freely given and therefore truly altruistic.

Clergy who serve within more obvious hierarchical systems, such as Roman Catholic and Orthodox churches, are expected to operate out of both altruistic Organizational Citizenship Behavior and by obedience from Compulsory Citizenship Behavior as well.

> "Priests are expected to find their source of motivation in the love of God and love of neighbor—the message of the Gospel—as their source of inspiration for the building of the Kingdom of God. The cultivation of a deep interior spiritual life is essential for a happy, rich, and productive life as a priest. It is an unwritten expectation that priests put aside their dreams, desires, and needs for the good of the Church." (McDevitt 2010, pp. 3–4).

What is expected of priests is to some extent expected of all clergy. For Protestant clergy, the parish itself often serves as a de facto substitute for the hierarchy in similar ways. Muse (2007) points to the struggle between the extrinsically motivated religious self who seeks to please authority and "be seen of men" and that of the self that comes into being freely through relational dialogue of love with others and God, as being the most critical fulcrum upon which authentic ministry and resiliency in the face of stressors rests.

The risk in professions of caregivers that are predominately other-focused and attract idealistic persons is particularly great due to the difficulty of balancing care of self with care for others (Skovholt et al. 2001). A key area of difficulty in clergy burnout has been identified in the presence of psychological problems from childhood (Rossetti and Rhoades 2013). The degree to which the clergy from dysfunctional families offer care to parishioners as adults has been identified as a function of "compulsive cross-bearing" stemming from unconscious childhood agendas (Muse 2000, 2007, 2011) that helped them survive, in contrast to being consciously and freely given as an adult, as in Jesus' acknowledgment, "No one takes my life from me I lay it down of my own accord" (John 1952, Jn 10:18 RSV).

Helping clergy find compassion for the child they once were in order to lay down the compulsive cross-bearing of a suppressed childhood which is at the root of attempting ministry out of one's own human power enables the adult to willingly embrace the cross in freedom, charismatically supported by Grace from the wellspring of faith and love. Being clear about the distinction between the internal sense of self-related to God and the role one serves in is surmised to be a part of voluntary cross-bearing. Beebe (2007) examined the impact of differentiation on clergy burnout and found that "clergy functioning at higher levels of differentiation of self and role experience lower perceived burnout and prefer a collaborative conflict management style" (p. 269).

Research Question

Along with moderate to severe scores in depression on the Beck Depression Inventory, elevated scores in burnout on the Maslach Burnout Inventory (MBI) typically characterize the profiles of clergy who have self-selected or been mandated to the Pastoral Institute's "Clergy in Kairos" program. Researchers wanted to find out whether the highly

personalized Clergy in Kairos week-long intensive multi-therapist outpatient intervention (Muse 2007, 2011) could be empirically assessed to see whether it reduces symptoms of burnout and depression in clergy. Since it is possible that symptoms might be reduced by placebo effect alone even without any treatment, we decided on a quasi-experimental design that allowed for comparison of the treatment group with members of a control group of clergy with equal levels of burnout and depression, who did not receive such treatment.

The core approach of the intensive outpatient treatment is highly personalized; drawing on psychodynamic and systems therapy, mindfulness, and spiritual direction (Muse 2000, 2007) aimed at helping clergy rediscover the freedom in Christ to offer oneself altruistically rather than compulsively. "Keeping the wellsprings of ministry clear" involves recognizing the difference between seeking to fulfill one's calling based on human power alone in contrast to partnering with Christ, not merely at the conscious level, but by recognizing the unconscious schemas at work that deny this in practice. For example, one can profess Christ while unconsciously acting as though everything depends on self, a condition Palmer, (2000) has called "functional atheism." Or one can profess Christian faith but in actuality be operating anthropocentrically having reduced Christ to a mere idea or ideal which is simply human psychology in disguise. In this quasi-experimental design, the null hypothesis is that the week-long multi-therapist intensive outpatient program makes no difference reducing symptoms of burnout and depression of clergy compared to those who receive no treatment.

Methods

Each clergy who attended the week-long Clergy in Kairos program took depression and burnout assessments at the beginning of treatment and at 6 months following. At the end of the week, an exit interview was conducted with each clergy to gauge his/her response to the week. This material may be used in a subsequent qualitative study to nuance the results of this project. A pre-test and post-test quasi-experimental design with a control group was chosen, since group membership was not randomly assigned. The treatment group reported significantly higher levels of burnout and depression at the pre-test level from average of the non-treatment/control group. To increase the power of the design, a paired samples *t* test supported by Creswell (2014) was utilized in which the researchers chose 23 members of the larger sample of the control group with the highest scores in depression and burnout in order to create two nonsignificantly different groups in their pre-test scores for these areas. These groups were then compared on the factors of burnout, and depression to determine whether a significant change was found within either group at the 6-months post-test follow-up.

Table 3 Control and treatment group participants

Control group		Clergy in Kairos
Surveyed	Selected	Treatment group
121[a]	23[b]	23[c]

[a] United Methodist and Presbyterian clergy surveyed

[b] Selected surveyed clergy based on pre-test scores that matched treatment group participants (refer c)

[c] Clergy participants in the "Clergy in Kairos" intervention program included Methodists/Presbyterians (17), Greek Orthodox (2), Baptist (1), Lutherans (2), and Episcopalian (1)

Participants

A total of 144 clergy members were surveyed in the study (see Table 3 for the breakdown of control and treatment groups). The denominational breakdown of the experimental group included 17 Methodists and Presbyterians; 2 Greek Orthodox; 1 Baptist; 2 Lutherans and 1 Episcopalian. All were engaged in full time parish ministry. Eight of these were women. Ages of the participants were not provided, nor were length of service, size of their congregations, or any other demographic information. Gender identification was not indicted among the control group. All members of the control group were Presbyterian or Methodist (Table 3).

Participants in the Clergy in Kairos intervention were characterized by moderate to severe scores in depression on the Beck Depression Inventory and elevated scores in burnout on the MBI. Clergy typically self-selected into the program, while a few were mandated to participate by their governing bodies due to problems in functioning in ministry or because of awareness of a needed time for restoration. This study was designed to examine the effectiveness of the personalized week-long, multi-therapist intervention when measured against a control group of clergy with equivalent pre-test scores in burnout and depression using a quasi-experimental matched pair design.

Instruments

Symptom survey instruments were given to clergy members prior to beginning the Clergy in Kairos week and 6 months following. The same was done for a self-selected population of the control groups who were e-mailed surveys with a cover letter and invited to participate by their judicatory leaders. The post-test instrument was administered 6 months later for both groups. Descriptions of the self-report symptom assessments are provided below (see Table 4).

Beck Depression Inventory

The BDI-II is a 21-item scale measuring an individual's level of depression. Internal consistency is reported as a mean of .86 (Beck et al. 1988) based on previous studies. Moderate to high scores on the measure are indications of a moderate to severe symptoms of depression.

Table 4 Pre-test scores

Variable	Control group Mean (SD)	Treatment group Mean (SD)
MBI_EmotionalExhaustion	28.79 (3.68)	29.96 (11.19)
MBI_Depersonalization	8.75 (4.54)	9.96 (6.06)
MBI_PersonalAccomplishment	17.50 (3.87)	10.13 (4.03)**
Depression	12.67 (7.89)	14.57 (9.63)

* $p < .05$; ** $p < .001$

Maslach Burnout Inventory (MBI)

The MBI (Maslach et al. 1996) is a widely used 22-item scale measuring three subscales [emotional exhaustion, depersonalization, and personal accomplishment]. Review of 221 studies by Wheeler et al. (2011) revealed alpha estimates of reliability across subscales of the MBI to be within .70–.84 range. High scores on the subscales of emotional exhaustion and depersonalization reflect a higher degree of self-reported burnout. Low scores on the subscale of personal accomplishment reflect a higher degree of self-reported job satisfaction and therefore lower levels of self-reported burnout.

Results

Results revealed the treatment group to be significantly improved on factors of emotional exhaustion $t(22) = 3.89$, $p < .001$, depersonalization $t(22) = 2.10$, $p < .05$, and depression $t(22) = 3.37$, $p < .05$ (refer to Table 5). Similar results were obtained when analyses were conducted using the larger sample of 144 clergy members without the matched pairs.

Most significantly, while clergy who participated in the week-long intensive returned to normal baseline levels on all measures of burnout and depression within 6 months of treatment, those in the matched pair control group who did not attend the program remained at the same levels of depression and burnout 6 months later, indicating no change. The post-treatment, control/non-treatment group, and treatment group showed no significant differences on emotional exhaustion, depersonalization, and depression scores. These results reveal that the treatment was successful in significantly lowering clergy burnout and depression. (Aggregated scores were computed, and similar results were found using the broader sample of clergy.)

Discussion

Significant changes in treatment group members' average scores for the burnout factors (emotional exhaustion, depersonalization, and personal accomplishment) combined with the significant decreases in depression are suggestive that the intensive outpatient week-long treatment was more effective (See Table 5) than no treatment, so the null hypothesis fails. An interesting and potentially significant detail revealed in the study was that the mean of the treatment group's sense of personal accomplishment was higher than that of

Table 5 Post-test scores

Variable	Control group Mean (SD)	Treatment group Mean (SD)
MBI_EmotionalExhaustion	25.42 (8.91)	22.35 (13.30)**
MBI_Depersonalization	9.08 (5.44)	7.52 (5.84)*
MBI_PersonalAccomplishment	20.75 (9.68)	8.96 (5.08)
Depression	12.05 (9.32)	9.87 (9.63)*

* $p < .05$; ** $p < .001$

the control group, even though both groups had equivalent scores in emotional exhaustion, depersonalization, and depression.

What is the significance of this difference in the factor of personal accomplishment between the clergy who entered treatment and those who did not? Is it a sign of resilience that persons who are experiencing emotional exhaustion and deterioration of empathic capacity characteristic of depersonalization along with depression are able to utilize a week's intensive personal attention to find their bearings and rebound more quickly than those whose burnout has begun to eat away more deeply at their sense of worth? If so, this could be a strong indication that a week-long intensive intervention can make a significant difference in the lives of persons who get treatment before their exhaustion has penetrated deep enough into their soul to bring their sense of self-worth and their call into question.

Limitations

The higher level of expressed personal accomplishment in the treatment group pre-test may provide some confounding effects, although this difference was not present in the post-test data. Inclusion of eight women in the treatment group may also be a confounding factor, since it was not known how many women were in the control group and women clergy may adapt to stress and/or respond to treatment variables differently than men.

Other confounding variables are inherent to the nature of the experimental design which includes a real-world situation and self-report. To what degree did the follow-up suggestions of the clergy in the treatment group also contribute to improvements in well-being? How much placebo effect might be involved in clergy reports along the lines of "I attended a week-long group and I better be better!"? On the other hand, disappointment that they were not improved could as easily have affected scores inversely. Needing to please the experimenter could be a factor as well with post-follow-up scores being inflated. Comparison between treatment group and controls suggests that something significant is occurring in the treatment group that is not happening for the controls.

Demographic data such as congregational size, length of tenure, gender, age, years in ministry, and etcetera were lacking, and these could have added greater specificity to understanding the results. Similarly, a more comprehensive analysis of the results in light of qualitative data gathered from the experimental group at the conclusion of their intensive outpatient week might have added further detail as to what specifically the clergy found beneficial in the week. This could have been enhanced by utilizing a multiple-regression analysis of combinations of various factors that contributed to the improvement in the experimental group. One such significant factor would be how much variance could be accounted for by the factor of which clergy from the treatment group carried out their follow-up plans over the subsequent 6-months post-therapeutic intervention.

In light of the potential significance of the results of this study, it is suggested that further qualitative research be conducted with clergy who participate in the intensive outpatient week to better assess the specific ingredients they point to which make the week's encounters a factor in renewing hope and resilience in ministry. This kind of short-term intensive dialogical outpatient intervention might also benefit other cohorts of clergy such as health care chaplains who regularly experience the challenge of ministering in crisis situations within non-parish contexts as part of professional teams (e.g., Carey and Cohen 2009) which includes physicians and other health care professionals.

Conclusions and Further Research

Questions remain as to what exactly are the key determining factors in the treatment intervention that help turn the clergy around so quickly. Is it the personalized attention from several therapists and/or particular ones? Is the combination of spiritual direction, mindfulness, and psychodynamic integration significant in regard to clearing away unconscious factors driving compulsivity? Is it the restoration of hope and meaning in the work of Christian ministry which is proving to be a key determinant in the degree of damage stress creates in our lives? In light of the role perception of stress plays as to how damaging (Keller et al. 2012; Crum et al. 2013) it is in our lives, the power of Christian faith to reframe the meaning of stress and suffering is surely a significant variable. How much does a week of relaxation, intensive personal dialogue, attention, and renewal of meaning serve to represent the grace, hope and compassion of God in the lives of beleaguered, over-functioning, and emotionally isolated clergy which is itself restorative and reorienting?

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