Overcoming the Challenges of Pastoral Work? Peer Support Groups and Psychological Distress among United Methodist Church Clergy

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Clergy often face a great deal of occupational stress that in turn can lead to psychological 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 psychological 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 weakly beneficial direct and indirect relationships to psychological distress (measured as mentally unhealthy days, anxiety, and depression). Focus group data indicated that the weak results may be due to an interplay between varied group activities and differences in individual coping styles, which in turn lead to a mix of positive and negative group experiences. The results caution against assuming that peer groups are a uniformly effective solution to the occupational demands of pastoral work.

Key words: mental health; clergy/ministers/religious professionals; mixed methods; support groups; stress; psychological distress; pastoral work.

A common theme in contemporary religious research is that religious participation often benefits health (e.g., George et al. 2002). 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

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and Chandler 2001), scholars have demonstrated that pastors often face a great deal of stress, which in turn can lead to job burnout (Carroll 2006; Turton and Francis 2007). Both stress and burnout have been shown to predict other forms of psychological distress such as anxiety and depression (Michie and 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. 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 (Ussher et al. 2006; Wallace et al. 2012). 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

Recent research on religion and mental health has often drawn on a life-stress paradigm in which stressors and social and psychological resources are seen as key components in determining mental health. While authors combine these elements in different ways, most agree that religion can be a source of both beneficial resources and stressful challenges (Ellison et al. 2010; Pearlin 1989). Analysis of pastoral work can benefit from a similar approach in which occupational stressors are balanced against resources that clergy have for combating stress effects. Much of the work on clergy has focused on the occupational pressures of pastoral work, with less attention to how religion may reduce stress effects (cf. Meek et al. 2003).

Occupational Challenges of Pastoral Work

Research over the past several decades indicates that pastoral work can place substantial demands on clergy, which in turn can promote psychological distress. 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). Performing multiple roles can lead to role conflicts (Kay 2000), or 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. This, in turn, can lead to stress and emotional exhaustion (Gleason 1977; Hang-yue et al. 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 have been linked to various forms of psychological distress, such as 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) and financial strains, both personal and organizational (Carroll 2006; Noller 1984).

Consistent with a life-stress perspective, 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). Research indicates that clergy with greater religious resources such as a positive religious coping style and actual and anticipated support from their congregations experience less psychological distress and greater psychological well-being (Ellison et al. 2010).

Despite these advantages, numerous studies indicate that stress and burnout are persistent problems among pastors (e.g., Carroll 2006; Francis et al. 2004). Given that scholars have demonstrated that occupational stress produces lower levels of health and well-being (Lim et al. 2010; 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 et al. 2002; Proeschold-Bell and Adams 2010).

Peer Support Groups

Scholars have offered many possible solutions to the negative effects of occupational stress, mostly focusing on identifying and removing stressors in the workplace or increasing social resources for managing stress effects (e.g., Michie and Williams 2003). Few studies, however, have assessed whether support groups can effectively reduce occupation-related psychological 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 article. The key question is whether clergy peer support groups act as a resource in combating psychological distress among pastors. 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 higher motivation and energy in ministry, as well as greater creativity, increased intimacy with God, and positive impacts on family and close friends (Austin Presbyterian Seminary 2010; Maykus 2006; Miller 2011; Roberts 2010a, 2010b). One study noted that of the 23 percent of Presbyterian Church (United States) 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 Presbyterian Seminary 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 Presbyterian Seminary 2010; Dolan 2010; Marler 2010; Roberts 2010a).

Unfortunately, the bright picture painted by the current work on clergy peer groups is clouded by two major shortcomings. First, the current work has generally treated peer groups as a means of continuing education for pastors rather than a tool for reducing psychological distress, and accordingly has focused on group influences on pastoral effectiveness rather than mental health outcomes. 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 (cf. Dolan 2010), and therefore cannot distinguish between group and self-selection effects (e.g., Findings: Presbyterian Pastors 2008; Marler 2010). Studies have also sampled peer group members exclusively, making it difficult to determine the advantages of peer group involvement over nonparticipation (e.g., Austin Presbyterian Seminary 2010; 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 in nonclergy populations, and their work can inform theorizing on clergy peer group effects. The majority of this work involved 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; Oosterhoff et al. 2008; Percy et al. 2009; Ussher et al. 2006), although studies of professionals who are more similar to clergy have also been performed (e.g., Peterson et al.

2008).[1] Evidence suggests that support groups can decrease depression, anxiety, and improve general health (Dunbar et al. 2009; Kumakech 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; Roberts 2008; Ussher et al. 2006), which has been tied to lower occupation-related distress, anxiety, and depression (Dunbar et al. 2009; Ostberg and Lennartsson 2007; Yildirim 2008). 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; Percy et al. 2009; Peterson et al. 2008; Ussher et al. 2006). 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 nonclergy populations suggest that clergy groups might have similar effects. Of course, this claim assumes that clergy peer groups are similar to nonclergy groups, and some evidence suggests that they are not. For instance, clergy may be more likely to rely on religious coping styles than nonclergy, a difference that 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 nonclergy 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 (Dolan 2010; Maykus 2006; Roberts 2010a). Evidence also suggests that clergy peer groups can provide social support, such as strategies for effective ministry (Dolan 2010; Roberts 2010a). The fact that clergy peer groups provide resources similar to those found in nonclergy 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 nonclergy populations indicate that support groups can reduce psychological 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

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[1]This study examines caregiving professions, which are similar to the caregiving and service aspects of pastoral work.

health. This study tests this possibility by examining whether participation in peer support groups predicted less psychological distress in a sample of UMC clergy. It overcomes the methodological challenges of past research by using longitudinal data to provide traction on selection issues, and by comparing clergy who participate in peer groups to those who do not.

METHOD

Data

This study used both quantitative and qualitative data from a larger project examining clergy health in North Carolina. 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 North Carolina, 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 to 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. (2011). 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.[2] All survey procedures were approved by the Duke University Institutional Review Board. Participation was offered to currently active UMC clergy in North Carolina 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

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[2]The 2008 survey opened July 9 and closed December 5, and the 2010 survey opened August 11 and closed October 14. For each survey, the majority of responses were collected in the first month.

offered participation, 1,726 of whom participated (95 percent 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 percent). We limited the current study to participants with data at both time points ($N = 1{,}513$), and excluded those missing data on analysis variables ($N = 1{,}064$).[3] 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, linear regression models were used to examine direct and indirect effects of peer group participation on psychological distress. Participation could be of three types: participating in a peer group at both time periods (always in a group), just at time 1 (leaving a group), or just at time 2 (joining a group). Direct effects were tested by regressing psychological distress outcomes on these three profiles. Group participation could also influence psychological 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 provided consistent but weak evidence for the benefits of peer groups. In step 2, we therefore drew on focus group data to better understand the reasons for the weak results. Emergent themes from this analysis suggested plausible explanations, as well as important questions for future research. Further details about methods for quantitative and qualitative analyses are given below.

Quantitative Methods

Measures

Psychological distress. Psychological distress has been used to describe a wide range of mental health challenges including anxiety, depression, and other mental strains of lesser severity that are more difficult to classify (e.g., Myer et al. 2008). To capture this diversity, we used three variables to measure psychological distress. *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 U.S. Centers for Disease Control and Prevention. *Anxiety* is the anxiety portion of the well-validated Hospital Anxiety and Depression Scale (HADS-A;

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[3]Supplemental analyses using full-information maximum likelihood estimation to account for missing data returned substantively similar results, suggesting that listwise deletion of respondents with missing data did not bias the results.

Bjelland et al. 2002). The HADS-A has seven items, each of which was measured using a four-point ranking for a total scale range of $0-28$ ($\alpha_{2008} = 0.56$, $\alpha_{2010} = 0.63$). An example item is, "Worrying thoughts go through my mind." *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 $0-27$ ($\alpha_{2008} = 0.84$, $\alpha_{2010} = 0.87$; Kroenke et al. 2001). An example item is, "Over the last two weeks, how often have been bothered by . . . little interest or pleasure in doing things?" All psychological 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 baseline and again two years later if they belonged to a "covenant group or a peer support group," which the

TABLE 1   Sample Description

	Mean/proportion	Standard deviation
Mental health		
MUDs	3.2	6.3
Anxiety	4.4	3.2
Depression	3.9	4.1
MUDs-T2	3.4	6.1
Anxiety-T2	4.6	3.2
Depression-T2	4.2	4.4
Group membership		
Join group	16.1%	—
Leave group	15.9%	—
Always in group	33.6%	—
Workplace stressors		
Low morale	0.6	0.4
Negative interactions	2.2	0.7
Conflict	2.2	0.8
Controls		
Participation	2.0	2.3
Black	5.9%	—
Age	51.4	10.0
Bivocational	11.7%	—
Relocated	30.7%	—
Local pastor	26.1%	—
Retired pastor	3.7%	—
District superintendent	2.2%	—
Time in ministry	16.6	11.5
Hours worked	48.8	14.7

Note: Total $N = 1{,}064$.

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 groups clergy were in. 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. Preliminary analyses (available upon request) found that only three of several potential stressors measured in the survey predicted psychological distress.[4] *Low morale* is a two-item scale measuring the morale of each pastor's primary congregation or other ministry setting ($\alpha = 0.83$). 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 reverse coded, 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 ($\alpha = 0.62$).[5] *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

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[4]Potential stressors that did not predict psychological distress were not regularly taking a day off each week, perceptions of high demands on one's time, living in a parsonage, bivocationality, and hours worked each week. The latter two predicted peer group participation, and so were included as controls.

[5]The low α is consistent with α's obtained in past work using this measure (Idler et al. 2003). Additional analyses indicated that of the two items, only the "made too many demands on you" item significantly predicted the outcomes at time 2. However, we opted to retain both items in the scale because doing so did not alter substantive conclusions, and it allowed our work to be consistent with past research and recommendations (Fetzer Institute 1999; Idler et al. 2003).

peer group participation profiles. To simplify comparability across analyses, we used a standard set of controls in 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 (Miles and Proeschold-Bell 2012). *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 (5.9 percent) as 1 and all others as 0. 91.6 percent of participants identified themselves as White; no other racial categories exceed 2 percent of the sample, and so were not included as separate categories in the analysis. *Age* reports respondents' age in years.

Preliminary analyses revealed that income, gender, and marital status did not predict selection into or out of peer support groups, and so these variables were not included in analyses. 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.

Finally, we included a control for the frequency of participation in peer groups to adjust for differences in exposure to peer group interactions. *Participation* is based on the question "How often in the past year did you participate in the covenant or clergy peer support group?" with responses including 0, never (not in a group); 1, 1–2 times; 2, 3–4 times; 3, 5–6 times; 4, about monthly; 5, about 2 times a month; and 6, about 4 times a month. We used participation data from wave 2 because it immediately preceded the measurement of the outcome variables.

Model Details

Direct effects of peer groups were assessed by using the three participation profiles to predict MUDs, anxiety, and depression in three linear regression models that controlled for the full set of controls listed above, as well as baseline measures of the outcome variables. Moderation effects were tested by examining the interactions between stressors and participation profiles, again using regression models with all controls and lagged outcome variables. 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, with all other variables held at their means.

All models used robust standard errors to adjust for problems with heteroskedasticity ("HC3" adjustment, see Long and Ervin 2000), and were estimated using ordinary least squares regression in R version 2.15 (R Development Core Team 2012).

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.

For this article, we examined the data for each code using a process called pattern coding that allows for consideration of causes, explanations, and relationships (Miles and Huberman 1994). We 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 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 weak 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 percent of clergy reporting scores at least 2 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 over one-third were in groups at both time periods (33.6 percent) and 34.4 percent were not in a group at either time period. Only a minority of clergy were Black (5.9%), and the average age at baseline was 51 years. 11.7 percent of clergy reported holding two or more jobs, and 30.7 percent were reassigned to new congregations between survey waves. A sizable minority of clergy were local pastors (26.1 percent), with far fewer retired pastors (3.7 percent) and district superintendents (2.2 percent). On average, clergy at baseline had served as pastors 16.6 years, though individuals deviated substantially from this mean. Pastors worked 48.8 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 given in models 1–3 of table 2. All coefficients in table 2 are fully standardized, with the exception of dichotomous predictors which are semi-standardized, meaning that a 1-unit increase in the predictor variable corresponds to a β − standard deviation increase in the outcome.

TABLE 2 Peer Group Profiles and Psychological Distress

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
	MUDs	Anxiety	Depression	MUDs	Anxiety	Depression
MUDs-T1	0.45***			0.42***		
Anxiety-T1		0.50***			0.47***	
Depression-T1			0.53***			0.49***
Group membership						
Join group	−0.15	−0.22†	−0.22†	−0.14	−0.20	−0.18
Leave group	−0.15†	0.06	−0.09	−0.16*	0.07	−0.10
Always in group	−0.38**	−0.20	−0.27*	−0.37**	−0.18	−0.25†
Controls						
Participation	0.07	0.08	0.07	0.07	0.07	0.05
Black	−0.10	−0.05	−0.15	−0.14	−0.09	−0.18
Age	−0.14***	−0.15***	−0.05	−0.13***	−0.14***	−0.05
Bivocational	−0.15†	0.07	−0.09	−0.13	0.08	−0.07
Relocated	−0.09	−0.09	−0.16**	−0.16*	−0.16*	−0.24***
Local pastor	−0.06	0.07	−0.03	−0.05	0.08	−0.01
Retired pastor	−0.11	0.03	−0.19	−0.05	0.08	−0.14
District superintendent	−0.34	−0.14	0.01	−0.36†	−0.18	−0.08
Time in ministry	−0.02	0.05	0.00	−0.02	0.05	0.00
Hours worked	0.04	0.01	−0.01	0.03	0.00	−0.02
Low morale				0.21***	0.11*	0.13**
Negative interactions				0.07	0.04	0.04
Conflict				−0.08†	−0.02	−0.02
Low × join				−0.10**	−0.03	−0.02
Low × leave				−0.07*	0.01	−0.02
Low × always				−0.13**	−0.09*	−0.07†
Negative × join				−0.03	0.01	0.00
Negative × leave				0.01	−0.01	0.00
Negative × always				−0.03	0.02	0.01
Conflict × join				0.07†	0.04	0.06†
Conflict × leave				0.09**	0.04	0.09**
Conflict × always				0.09*	0.03	0.03

Note: $N = 1,064$; outcome variables measured at time 2; dichotomous variables semi-standardized, all others fully standardized.
†$p < .10$; *$p < .05$; **$p < .01$; ***$p < .001$.

Table 2 reveals that joining a peer group predicted lower anxiety at time 2 ($\beta = -0.22$, $p = .082$) and lower depression ($\beta = -0.22$, $p = .087$), both at a marginally significant level, but did not predict fewer MUDs. Leaving a group had no effect on anxiety or depression, but did predict fewer MUDs ($\beta = -0.15$, $p = .057$) at a marginally significant level. Those clergy who were in a

group at both baseline and time 2 reported fewer MUDs ($\beta = -0.38$) and less depression ($\beta = -0.27$) than those who did not participate in a group at either time. At first glance, these results seem to offer little traction on the question of peer group effects, given that only two out of nine coefficients for group profiles across models 1–3 were statistically significant at $p < .05$, three were marginally significant ($p < .10$), and four were nonsignificant. However, a closer examination reveals that most coefficients were of modest or substantial magnitude (e.g., a 0.15 to 0.38 SD decrease in the outcome), and eight out of nine were in the anticipated direction; the probability of that happening by chance is small ($B(8, 9, 0.5)$, $p = .002$). Thus, results are consistent with the hypothesis that peer groups reduce psychological distress, even though they do not provide it strong support.

Indirect (moderated) effects were tested by adding interactions between stressor variables and peer group participation profiles. Participation profiles moderated the effect of low morale congregations and congregational conflict on psychological distress, but did not moderate the effects of negative interactions (models 4–6 in table 2). Predicted values for significant interactions are shown in figure 1, where faded lines represent interaction effects that were not statistically significant (for those never in a group, a faded line represents a main effect that is not significantly different from zero). 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 mean or high levels of congregational morale than those who did not participate in a group, with those always in a group consistently having the fewest predicted MUDs. Similarly, panel B shows that those joining or always in a peer group had lower predicted anxiety than those leaving or never in a group. Taken together, panels A and B suggest that peer groups may buffer the stresses produced by serving in a low morale congregation. The story is similar for clergy exposed to congregational conflict. Panel C shows that clergy joining, leaving, or always in a peer group generally had fewer predicted MUDs related to congregational conflict than those never in a group, although the trend for these profiles is toward more MUDs at higher levels of conflict, opposite that of those not in a group. Panel D displays a similar pattern for congregational conflict and depression, with generally lower predicted depression scores for those joining, leaving, or always in a group, but a significantly steeper increase in depression as conflict increases compared to those never in a group. Taken together, the mix of significant and nonsignificant interaction terms indicates that participation in a peer group may be helpful for managing some stressors, but may not moderate the influence of other stressors at all.

One challenge in interpreting these results is determining whether the observed effects represent causation, or if they are the result of other processes, such as unobserved heterogeneity or selection. While the control variables represent our best attempt to address the former concern, table 3 shows the results from a series of multinomial regression models predicting peer group
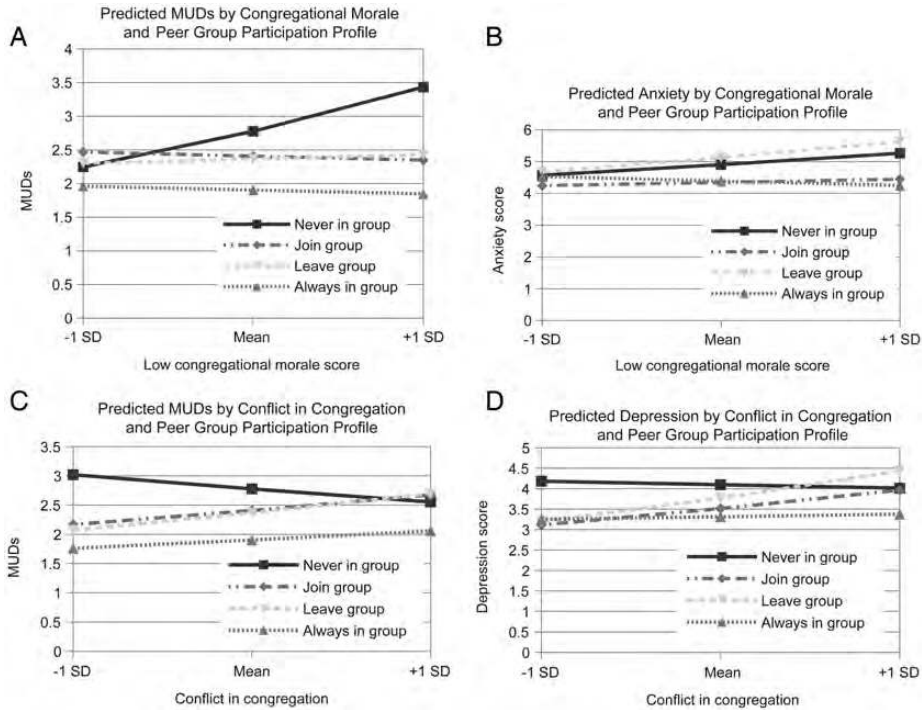
FIGURE 1. (A) Predicted MUDs by Congregational Morale and Peer Group Participation Profile. (B) Predicted Anxiety by Congregational Morale and Peer Group Participation Profile. (C) Predicted MUDs by Conflict in Congregation and Peer Group Participation Profile. (D) Predicted Depression by Conflict in Congregation and Peer Group Participation Profile.

participation profiles that help us address the latter issue, providing evidence against spuriousness due to selection effects. Although table 3 contains a great deal of information, the key evidence against selection effects is that there are almost no statistically significant coefficients for occupational stressors (Low morale, Negative interaction, Conflict), nor for the effect of mental health at time 1. This indicates that clergy are not selecting into or out of peer groups based on professional strains, nor due to prior levels of psychological distress. Of course, table 3 also makes clear that some types of systematic selection do occur. For instance, clergy who relocated between waves had higher odds of having a "leaving" participation profile ($OR_{Leave\ versus\ Never} = 2.07$; $OR_{Leave\ versus\ Always} = 1/0.54 = 1.85$; $OR_{Leave\ versus\ Join} = 1/0.64 = 1.56$, $p = .069$). But again, these differences only matter for our analyses if they are tied to systematic differences in psychological distress, and table 3 indicates that they are not.

Where do these results leave us? When direct and moderated effects of clergy peer groups are considered together, the general picture that emerges is of peer group participation being negatively related to psychological distress, and we have argued that these effects are unlikely to be caused by selection

TABLE 3 Predictors of Peer Group Participation Profiles

	Always vs. never	Join vs. never	Leave vs. never	Always vs. leave	Join vs. leave	Always vs. join
WNC conference	0.63**	0.81	0.46***	1.37	1.77*	0.78
Black	1.46	1.17	0.66	2.21†	1.77	1.25
Age	0.97**	0.97*	1.01	0.96**	0.96**	1.00
Bivocational	0.42**	0.74	0.64	0.66	1.17	0.57
Relocated	1.13	1.32	2.07***	0.54**	0.64†	0.85
Local pastor	0.71	1.03	0.41**	1.72†	2.51**	0.68
Retired pastor	1.04	0.46	1.19	0.88	0.39	2.27
District superintendent	6.25*	21.34***	1.46	4.28	14.61*	0.29*
Time in ministry	0.96***	0.99	0.96***	1.00	1.03*	0.97*
Hours worked	1.02*	1.01	1.00	1.01	1.00	1.01
Low morale	1.14	0.94	0.70	1.64†	1.35	1.21
Negative interactions	1.16	0.92	1.12	1.04	0.82	1.26
Conflict	0.92	0.92	1.06	0.87	0.87	1.00
Depression-T1	0.92	1.14	0.94	0.98	1.21	0.81
Anxiety-T1	1.05	0.92	1.18	0.89	0.78	1.14
MUDs-T1	0.84†	0.84	0.97	0.87	0.87	1.00

Note: N = 1,064; Results from multinomial logit models; odds ratios presented.
$^\dagger p < .10$; $*p < .05$; $**p < .01$; $***p < .001$.

processes. However, in many cases, our results were only marginally significant, and the interactions presented in figure 1 indicate that group participation corresponds to steeper increases in MUDs and depression in response to congregational conflict, although the net effect of peer groups still tends to be beneficial. These findings are surprisingly weak, particularly given the positive results of past research on clergy and nonclergy peer groups. How can we explain this?

One important possibility is that peer groups are not equally beneficial for all pastors, and that pooling data from those that do and do not benefit suppresses the observed effects of peer groups. Unfortunately, our quantitative data do not contain measures of perceived benefit from peer groups, suggesting the need to look to qualitative sources to investigate the validity of this claim. An investigation of qualitative sources might also provide further insight into why the quantitative results were not as strong as anticipated.

Qualitative Results

A total of 33 clergy participated in the four general focus groups. Of those, 63.6 percent were male and 36.4 percent female, 12 percent were age 21–40

and 84.8 percent were age 41–70, 36.4 percent were licensed local pastors and 51.5 percent were elders, and 90.6 percent were White, 6.3 percent were African American, and 3.1 percent were Latino. An additional 26 clergy participated in the targeted sampling focus groups (e.g., female clergy).

We first examined the data to understand participants' perceived benefit or harm from peer group participation. Across the focus groups, participants spent far more time discussing the benefits of peer group participation than the detriments, many expressing strong positive emotions. For example, the following pastors reported receiving substantial benefit from peer groups:

> You know, it's just a unique situation and I began feeling more and more and more isolated and oh gosh, I think I'm going to cry. In a hard place. And there's nobody else that knows what we do better than other clergy. . . . And it's been salvation for me. (Female, Large church focus group)

> But to have a group that you could trust where you could talk about what's going on—the professional stuff, the personal stuff, how that intermingles and all that sort of thing. To me was a huge stress reliever. Finding out that other people are dealing with the same kinds of things and try to get some strategies for how to be a better pastor. So, very helpful. (Female, Focus Group 1)

> For me it's been vital to have a group of clergy related to the hospital in our area. And we meet regularly, meet monthly. And that's been a life-saver for me in helping me maintain perspective, get feedback from other folks in similar situations. Even get suggestions on how to handle particular challenges. (Female, Focus Group 3)

In contrast, some pastors perceived a lack of benefit to peer groups. Their comments were generally fewer and less emotional, for instance:

> 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)

> 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)

In addition, one pastor's comment suggested possible harm from *mandated* peer group participation.

> 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)

Overall, the focus group data support an interpretation that numerous pastors benefit from peer group participation. The data also suggest that some pastors have neutral peer group experiences, while other pastors may continue peer group participation when it is mandated, and to negative effect. This diversity of experiences is consistent with the hypothesis that the beneficial relationship between peer group participation and mental health that we found in the quantitative data is attenuated by continued participation of pastors with neutral or negative experiences.

Further examination of the qualitative data offered additional insight into why the quantitative results were not stronger. The data suggested three themes: diversity in peer group activities; participating in alternative support groups that are not clergy peer groups; and individual differences in coping styles. Notably, each theme includes data that would suggest attenuated findings between peer group participation and mental health benefits, while also providing reasons why clergy may be disinclined to join or stay in a peer group. We explicate each theme below.

Diversity in peer group activities. Clergy cited a variety of peer group attributes and activities as being beneficial. Several clergy noted that peer groups can be structured to varying degrees:

> We were placed into covenant groups. And some really got into it. Wrote up their covenants and sat together. The rest of us were like, let's get to know. And they were more relaxed. I like the more relaxed ones and less structured. (Female, Focus Group 4)

> It helps to have a facilitator. . . . In my case, the most productive groups, helpful groups to me have been associated with Pastoral Care. A facilitator who is trained in pastoral care or counseling that understands some of the group dynamics and stuff like that. That's helpful for that type of group. Now, for another group that meets for basketball or goes to see a movie every so often or whatever, that's a different kind of feel, different kind of group. But both of those, all those are beneficial. (Female, Focus Group 3)

Other pastors emphasized mechanisms of holding each other accountable to certain behaviors:

> Some of the groups I've been in have put together a very specific covenant and that has included exercise, but it was just because that's what people in that particular group wanted to do and instead of just kind of meeting we wrote down all the things that we wanted to check in with each other about when we meet. (Female, Focus Group 1)

Others indicated the use of prompt cards to spur introspection and discussion:

> That's why I like the [inaudible] has a little card for any questions. Sometimes you only pick one question and everybody answers. Where were you closest to crisis since we last met? Or when have you failed, think you failed? And those are nice. They're good lead-ins. Good time for thought. (Female, Focus Group 4)

Still others emphasized the spiritual components of peer groups. A male pastor in focus group 2 said, "I think you should always pray together. You should always pray for one another."

These quotations indicate that the structures and activities of clergy peer groups can differ substantially. Notably, these comments indicate that group facilitation and accountability are beneficial, a finding consistent with prior work (Austin Presbyterian Seminary 2010; Roberts 2010a). With regard to reducing psychological distress, however, it is possible that certain activities are more effective; if this is the case, then the diversity of activities may lessen the effects seen in aggregate data. Interestingly, many pastors seemed to know what kinds of activities would benefit them the most. Better outcomes may be experienced by pastors who can access a group that matches their needs; however, there may not always be such a group available in one's geographic location.

Participating in alternative support groups that are not clergy peer groups. Many clergy indicated that they seek support from a variety of sources other than peer groups. For example, support may come from a group of church members:

> I had a very wise person recently tell me that wherever you are, you need three or four people that are going to see you through the fire. And in this particular setting I had three or four people who I met with on a weekly basis that would see me through the fire, whatever the fire was. And they were members of the church. (Male, Focus Group 2)

Pastors also indicated that they sometimes found support in groups designed for other purposes. For example:

> We also meet in a lectionary group once a week. And that has gotten to be—it's more than just a lectionary study group. If we have a problem, we always come together. And it's ecumenical. (Male, Focus Group 4)

> We're trying to create a counseling system within a lectionary group. We're going to try to employ a trained Christian counselor to come in once a month to the lectionary group to get together and give us a place to talk to someone. (Male, Focus Group 4)

Pastors who participate in one of these forms of support that are not clergy peer groups may, in fact, experience similar reductions in psychological distress to those enjoyed by pastors in clergy peer groups, and some of these clergy would be categorized as "not in a group" in quantitative analyses. As a result, our quantitative findings on the relationship between peer group participation and mental health may be attenuated.

Individual differences in coping styles. Data suggested that clergy responses to group experiences were partially dependent on individual differences between pastors, particularly in how clergy coped with stress. These differences can lead clergy to respond differently to group activities. For example, one pastor appreciated that she could "vent without anybody looking down their nose at [her]"), while another found that he "didn't find a benefit from it" (Female,

Focus Group 4; Male, Focus Group 2). 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 . . . 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 suggest several reasons for the weak quantitative results. First—and consistent with our hypothesis above—not all clergy find benefit from participation in peer groups, although many do. If those who find less benefit continue to attend, they are likely to attenuate the observed effect of peer groups. Second, peer groups vary in their structures and the activities they pursue, suggesting that their influence on psychological distress might likewise vary. Third, clergy indicated that they sometimes find support outside of peer groups, such as in church-based or lectionary groups. External support might narrow the gap between those in and out of peer groups, making it harder to identify peer group effects. Finally, focus group data indicated that clergy have different individual coping styles, some of which are unlikely to respond well to group interactions. If such clergy feel obligated to

attend groups, their data could mask the benefits of groups for those with coping styles that are amenable to group activities.

DISCUSSION

This study examined whether clergy peer groups reduce psychological distress, as suggested by prior work on support groups in both clergy and nonclergy populations. Its focus on mental health, inclusion of a comparison group of clergy not in a group, and use of longitudinal survey data represent methodological improvements over previous studies.

Quantitative analyses tested direct and indirect effects for three profiles of participation in peer groups. Analyses of direct effects provided results that consistently indicated that peer group profiles were associated with lower psychological distress, but only a handful of these results were statistically significant. The strongest results were for those clergy who reported being in a group at both time periods, who reported fewer MUDs and less depression at time 2. However, because group participation for these clergy was initiated before the start of data collection, this was also the profile most susceptible to selection biases, and so provides the weakest evidence for positive group effects. Stronger evidence comes from those joining a group, but for these clergy, the results were weaker, with respondents reporting lower anxiety and depression at marginally significant levels.

Indirect effects were tested by examining whether participation profiles moderated the effects of occupational stressors on psychological distress. Analyses indicated that participation profiles moderated stressor effects for serving in a low morale congregation or a congregation experiencing conflict. The joining and leaving profiles generally reduced the effects of serving in a low morale congregation on MUDs and anxiety, but generally exacerbated the effects of congregational conflict on MUDs and depression, although even in these cases predicted distress scores for those joining or always in a group were typically lower than for those never in a group. Taken together, analyses of direct and indirect effects suggest that peer groups are beneficial, but the fact that the effects were not strong suggests the need for further investigation.

Subsequent analyses revealed that the weak results are unlikely to be caused by selection of distressed clergy into peer groups, for neither occupational stressors nor prior mental health predicted group participation profiles. Rather, qualitative results support the idea that clergy experiences with peer groups varied, with some clergy having neutral or negative experiences, while many others reported beneficial involvement. Similarly, some clergy expressed a preference for alternative forms of coping, such as connecting to people outside of the religious sphere. The quantitative results could therefore be weaker than anticipated because they pool clergy with dissimilar experiences.

The qualitative results suggested additional reasons for the relatively weak quantitative results. First, some clergy found needed support in other types of groups, such as collections of church members or lectionary study groups. Data from wave 2 reveal that many of the 292 clergy who attended lectionary groups also participated in peer groups (68.8 percent), but about one-third did not (31.2 percent). Some of this third would have been included in the "never in a group" participation profile, which may have shifted their average level of psychological distress closer to levels found among peer group members. Second, qualitative data revealed that peer groups exhibit a wide variety of structures and activities, and that clergy respond differently to them. Pooling clergy from groups that more effectively meet their members' needs with those that do not could also have reduced observed peer group effects. These considerations suggest that the results obtained are a conservative estimate of peer group effects.

At this point, we must offer a possible boundary condition on how our results can be interpreted. Although evidence from table 3 suggests that selection into or out of groups is not biasing our results, further reflection indicates that a different type of selection may be occurring: clergy who do not benefit from group activities could simply decrease their attendance while maintaining nominal membership in their groups. They might do this in response to pressure from their leaders, out of a sense of duty, or because they lack alternative coping resources. Our analyses of direct and indirect effects adjust for this possibility by controlling for the frequency of participation in the year prior to wave 2. We tested for this type of selection (not shown) by removing this control, effectively allowing the data for any nonparticipating, nominal members to influence the results. In theory, this should allow nonbenefiting members to dilute the observed group effects. Results were consistent with this hypothesis. The magnitude of all coefficients for joining a group shrank dramatically, and became statistically nonsignificant ($\beta_{\text{MUDs}} = -0.03$; $\beta_{\text{anxiety}} = -0.10$; $\beta_{\text{depression}} = -0.11$). Reduction also occurred for coefficients associated with those always in a group, although they remained statistically significant for MUDs and depression ($\beta_{\text{MUDs}} = -0.24$; $\beta_{\text{anxiety}} = -0.05$; $\beta_{\text{depression}} = -0.15$). What are the implications of these results for how we interpret the "joining" and "always in a group" peer group coefficients? If our interpretation based on selection process is accurate, we cannot assume that these coefficients represent the effect of peer group participation on all clergy; rather, they must be seen as the effect for just those types of clergy who are likely to attend peer group meetings. Combined with results from table 3, this suggests that clergy are not systematically selecting into or out of peer groups, but they *are* selectively attending, presumably in response to the perceived benefits they obtain from group activities.

With this caveat in mind, it is nonetheless the case that our results were largely consistent with past work on peer groups and clergy peer groups that

find beneficial effects, but also revealed important variation in the experiences of group members. Among those who benefited from groups, clergy cited having a group facilitator and mechanisms for promoting accountability as two helpful features, and some comments implied that groups also provided social support and opportunities for beneficial social comparisons. The supportive and comparative functions of groups were implied by clergy comments about how groups helped them overcome feelings of isolation by allowing them to interact with others in similar circumstances, interactions that likely offered opportunities to engage in upward and downward comparisons. Notably, facilitation, accountability, social support, and social comparisons have been shown to be beneficial in prior work on clergy and nonclergy peer groups (Austin Presbyterian Seminary 2010; Carmack Taylor et al. 2007; Roberts 2008, 2010a). However, this study advances past work on clergy peer groups in two ways: it links these group attributes to psychological distress among clergy rather than to indicators of ministerial education and effectiveness, and it reveals that the effect of peer groups—and by extension these particular group attributes—is not uniform across clergy, as noted above.

One reason that clergy do not benefit equally from peer groups seems to relate to clergy's personal characteristics. This finding is consistent with Maton's (1989) argument 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). Results from this study suggest that one characteristic that moderates group effectiveness is personal coping style. Maton's (1989) work 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. This message is particularly important given the several published reports promote peer groups as a solution to pastoral challenges (e.g., Austin Presbyterian Seminary 2010; Marler 2010).

On the other hand, acknowledging individual variation might help denominational leaders design groups that 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; Roberts 2010a). Work on groups using Twelve-Step methods suggests that group ideology can also make a difference to member outcomes (Fiorentine and Hillhouse 2000), but substantial work is needed to determine which ideologies will be beneficial for different types of clergy. At present, some research explores what occurs in clergy peer groups (Austin Presbyterian Seminary 2010), but additional work is

needed to determine which group activities have an impact on mental health, and for which types of people.[6]

This study has a number of limitations. Quantitative data constraints do not allow for a closer examination of what occurs within support groups, making it impossible to determine how group activities might interact with individual differences to produce mental health outcomes. Ideally, future work will include measures of group activities and individual differences that can be used to test moderation hypotheses, particularly those suggested by prior research and replicated in this study (e.g., group facilitation, accountability mechanisms). Individual differences might include personality traits such as the Big Five (openness, conscientiousness, extraversion, agreeableness, neuroticism), or coping styles as captured by one of the many coping questionnaires available, particularly those focused on religious coping (Pargament et al. 2001). An additional limitation is that the survey data are spaced two years apart; closer spacing would likely allow for more specific testing of the relationship between peer groups and psychological distress, particularly the timing of peer group effects, and how they might be moderated by the severity of stressors, individual traits, or other variables. This study also included a limited number of stressors, measured with few items. Future work should examine a wider range of stressors, and use multiple variables for each to better capture underlying constructs. Examples taken from past work on clergy health include measures of role overload, privacy concerns, and financial strains. 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 in previous work, we argue that documented similarities in job demands, roles, and time use among clergy across denominations and geographic locations suggests that our sample might be theoretically representative of clergy more generally (Miles and Proeschold-Bell 2012). This claim is bolstered by the fact that our results are largely consistent with past work performed using diverse samples.

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, 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,

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[6]For example, the wave 2 survey asks how often clergy shared person or professional concerns during the past 2 group meetings. This is the only variable in the data set that touches on group activities, and including it removes all cases from the analysis save those in a peer group at wave 2. Among these respondents, higher levels of group sharing was associated with more frequent MUDs but not with anxiety or depression. Data constraints make it impossible to determine the direction of effects in the sharing/MUDs relationship.

groups will probably not be effective for all clergy, and other strategies might be required to meet their needs, such as time for personal forms of coping or support from professional counselors. 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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