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An Analyses Of The Work- Life Motivational Nexuses Between Counseling Engagements And Mental Health Outcomes Among The United States Clergy.

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Abstract

Professional counselling, been an unconditional task unlike other engagements such as guidance may impact some inert-involuntary psychosocial behavioural outcomes, especially from its intensive engagements, or after prolonged practical exposures, such as among the Clergy. This study was hence conducted to analyze the nexuses between pastoral counseling frequency and Clergy mental health outcome in the United States, using a representative 1500 samples survey data, obtained from the National Survey of Religious Leaders (NSRL), and analyzed with parametric, and nonparametric statistical tools. The results obtained showed that mental health outcome of Depression (Feeling down, depressed or hopeless) is least (not at all) experienced among majorities group (76.93%) of the Clergy, in addition to; Clergy not bothered, not lack interest or pleasure in doing things (77.9%), while majority group who experiences satisfaction with life daily (87.23%), counsels daily/ often, but majorities of the Clergy (83.72%) experiences satisfaction with life daily, with a high correlation significance probability level (1%). Besides, happiness feelings is most experienced almost every day by a majority Clergy group (51.66%), while within this category, a majority (about 51%) engages in counselling weekly, and closely followed by those who counsel daily/often (50.70%) within same group, and this relationship has a very high correlation coefficient significance at 1% level. Furthermore, a majority group (49.96) who think they received moderate congregational cares counsels less frequently, and within this group, a majority (51.50%) counsels monthly, while this variable correlates with counselling frequency with a high probability significance (1%). Findings from this study hereby provides an empirical bases for understanding the existing significance of Pastoral Counseling Frequency and Clergy Mental Health interplays in addition to the need for necessary consolidations for more effective ministerial professional adjustments.

Keywords: Pastoral Counseling, Counseling Frequency, Clergy, Mental Health outcomes, Satisfaction.

1.0. Background to the study

1.1. Introduction

With the increasing emphasis on the various work engagement dimensions of Clergy duties as professional reconciliators of man to their creators, and as being ordained for the religious rites. This similar view, according to (Halbreich, 2022;2021), is especially within the Christian Congregations with duties according to (Hays, 2015; Ellison et al., 2006; Hirono & Blake, 2017; Heseltine-Carp & Hoskins, 2020; Iheanacho et al., 2021) encompassing provision of emotional and spiritual supports, offering of counseling services to members, and facilitating access to mental health resources.

Besides, Clergy may find satisfaction in helping people facing mental health challenges (Hays and Shepard Payne, 2020), as seeing someone get healed of their impairments can give Clergy sense of satisfaction and purpose, knowing they are fulfilling their calls and making good differences amidst their congregants (Miner *et al.*, 2010).

However, the mental health demands on Clergy work can be psychologically, emotionally, and spiritually taxing (Hileman, 2008), while evidences suggests Clergy members, to be constantly exposed to struggles or suffering of their congregations, being groups of individuals assembled for the purpose of religious worship (Thiessen *et al.*, 2019).

Furthermore, afore mentioned challenges is capable of bringing about increased risk of developing mental health challenges, besides burnout (Clarke *et al.*, 2023), anxiety, and depression (Proeschold-Bell *et al.*, 2013), and may consequently result to substance abuse (Frenk *et al.*, 2013). They may sometime feel overwhelmed by weight of others' discomfort, pain and fail to set a personal boundaries or prioritize self-care.

Additionally, handling complex mental health issues among congregations may require special knowledge and skills that some may not adequately possess/ acquire therefore bringing about deficiencies manifesting in form of feeling challenged or frustrated (Edwards *et al.*, 2021). This is a major precursor of many mental stress induced mental health challenges as the case may be.

Amidst these, the fundamentalist ideology predominating certain religious traditions usually leads to congregations overly accepting their Clergy's opinions with their unquestioning authority, irrespective of stereotypes and unhealthy beliefs (Peteet, 2019), since the pastoral office are considered greater and hence much demanding (Stansbury *et al.*, 2018) making their susceptibility to mental illness higher. This poses higher susceptibility risk under poor work- balance management.

Although depression among Clergy is also common, while they may overlook the symptoms, the need for mental health diagnosis, and need for treatment, hereby avoiding stigma of mental illness (Avent & Caswell, 2015).

However, Pastoral counselling involves an active- indepth process of joint problem identification, and identified problem solvings between the Clergy (counsellor) and the recipient (clients/ congregation). This may also require an unconditional demonstration of other personality features like empathy, understanding, and supports to the clients demands and the frequency in which this is been executed may play considerable roles on Clergy mental health situations, positively or negatively.

Besides, counselling is an integral role of the Clergy profession, and it exposes them to diverse of untold social, economic, and psychological issues of life, in addition to spiritual concerns, many of which may impose varying psychological consequences, given its burden sharing- solving demands, and it is expected to consequently influence or impact their own (Clergy) mental health someway as they (Clergy) may consequently respond differently to it, as a functional reflections of their own mental health outcomes.

Also, besides engagement or non engagement in counselling, the frequency in which it is carried out may also impact varying outcomes on Clergy mental health outcomes.

Furthermore, a number of activities could influence mental health outcomes of individuals, while physical labors with lesser mental-psychological connections with the subjects may impose different effects on mental tasks, demanding more mental- psychological connections and consequently expected to have more impacts on mental health outcomes especially when it is an interpersonal engagement, as it is in the case of counselling. However, there are limited evidential understanding of how these rising demands affects Clergy happiness, life satisfaction (Terry & Cunningham, 2020).

Consequently, scanty number of studies currently exists on Clergy mental health hence, findings from this study will help provide a basis for understanding the dynamics between Clergy mental health, and engagements in pastoral counselling interplay, to know which engagement frequency is optimal for healthy mental health performances, and other related professional factors.

This study hereby seeks to reveal the nexuses between pastoral counseling frequency and Clergy mental health outcomes in the United States, and specifically seeks to;

1. tabulate the nexuses between pastoral counseling frequency and Clergy mental health in the United States, and
2. analyze the nature, intensity, and significance of relationships existing between pastoral counseling frequency and Clergy mental health in the United States

Hypothesis

H₀₁: There are no significant relationships between pastoral counseling frequency and Clergy mental health outcomes in the United States.

2.0. METHODOLOGY

2.1. Study Area and Data Sources

This study was conducted in the United States, using secondary data, sourced from the Chaves (2023)- National Survey of Religious Leaders (NSRL), a national representative sample survey of 1,600 Clergy from across the religious spectra, conducted in conjunction with the fourth wave of the National Congregations Study (NCS-IV) and the 2018 General Social Survey (GSS), while the latter was an in-person survey of a nationally representative sample of non-institutionalized, English- or Spanish- speaking adults conducted by NORC at the University of Chicago (Smith *et al.*, 2019). With the occurrences of missing data, owing to non responses, the sample size were screened to a range of quality response balance among the dependent variable (1502 respondents) and the diverse range of imperative independent variables to finally obtain an operational 1331 samples, used for further analyses. In other words, the major explained variable and the corresponding

explanatory variables were subjected to numerous algorithms in the quest to detect the optimum cross variables integrated sample size of 1331 Clergy.

2.2. Analytical Framework

To analyze the work- life motivational nexuses between pastoral counseling frequency and Clergy mental health, a cross tabulation was used to profile the respective mental health outcome variables on the first column axis, against the pastoral counseling frequency variable on the horizontal, while correlation analyses was further integrated to reveal the direction, coefficients (Magnitudes), and significance of relationships existing between these variables and their significance, while other descriptive analyses results were presented in graphical charts.

Y_1 = COUNSELING Frequency (Ordered; 1= Monthly, 2= Weekly, 3= Daily/Often)

X_1 = LACKINT- General Lack of interest i.e., Frequency of feeling bothered and with little interest or little pleasure in doing things over the past two weeks (Ordered; 1= Not at all, 2= Several days, 3= more than half the day, 4= Nearly everyday), X_2 = SATLIFE- Frequency of feeling satisfied with life (Ordered; 1=Never, 2=Few time weekly, 3=Daily), X_3 = HAPPINESS (Ordered; 1= Few times per week, 2= Almost everyday, 3= Daily), X_4 = DEPRESS- (Ordered; 1= Not at all, 2= Several days, 3= more than half the day, 4= Nearly daily), X_5 = CAREDFOR- Congregational care (Ordered; 1 = Not enough, 2= Moderate, 3= Very much support level).

3.0. Results and Discussions.

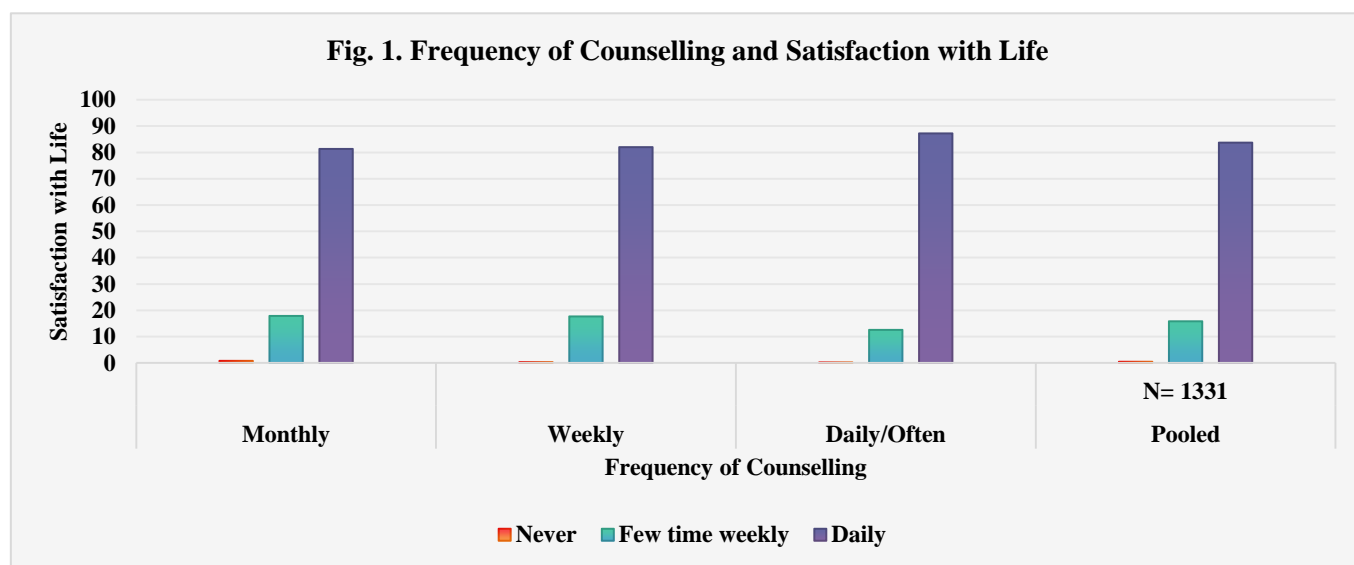
3.1. Results.

Table 1. Integrated analyses Result on the Work- Life Motivation Nexuses Between Pastoral Counseling Frequency and Clergy Mental Health Outcomes.

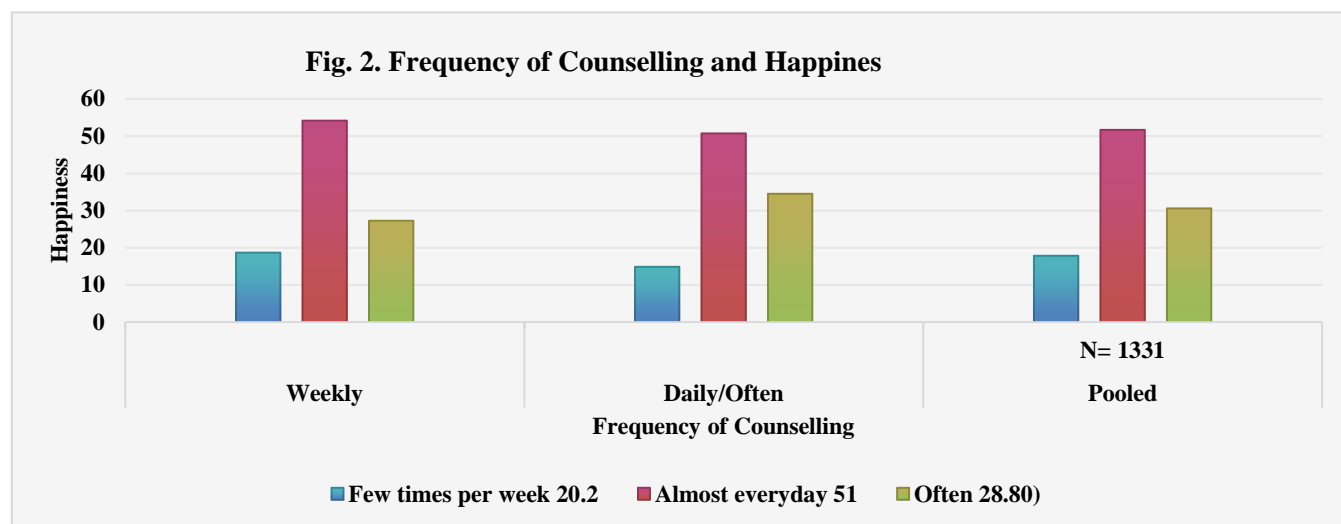
Frequencies Variables	Monthly N= 501	Weekly N= 328	Daily/Often N= 502	Pooled N= 1331	Corr Coeff. (ρ)	P> H ₀
Depression	Freq. (Percent)	Freq. (Percent)	Freq. (Percent)	Freq. (Percent)		
Not at all	387(77.25)	257(77.44)	387(76.29)	1024(76.93)	0.0101	0.7131
Several days	96(19.16)	58(17.68)	106(21.12)	260(19.53)		
More than half a day	12(2.40)	13(3.96)	9(1.79)	34(2.55)		
Nearly daily	6(1.20)	3(0.91)	4(0.80)	13(0.98)		
Happiness						
Few times per week	101(20.20)	61(18.65)	74(14.83)	326(17.80)	0.0685	0.0101 ***
Almost everyday	255(51.00)	177(54.13)	253(50.70)	685(51.66)		
Often	144(28.80)	89(27.22)	172(34.47)	405(30.54)		
Satisfied with Life						
Never	4(0.80)	1(0.30)	1(0.20)	6(0.45)	0.0702	0.0105 ***
Few time weekly	89(17.87)	58(17.68)	63(12.57)	210(15.83)		
Daily	405(81.33)	269(82.01)	437(87.23)	1111(83.72)		
Congregational care						
Not enough	29(5.79)	23(7.01)	17(3.39)	69(5.18)	0.0739	0.0070 ***
Moderate	258(51.50)	165(50.30)	242(48.21)	665(49.96)		
Much care	214(42.71)	140(42.68)	243(48.41)	597(44.85)		
General Lack of interest						
Not at all	384(76.7)	257(78.4)	396(78.88)	1037(77.9)	-0.0316	0.2493
Several days	93(18.56)	54(16.46)	85(16.93)	232(17.43)		

More than half a day	16(3.19)	13(3.96)	16(3.19)	45(3.38)		
Nearly daily	8(1.60)	4(1.22)	5(1.00)	17(1.28)		

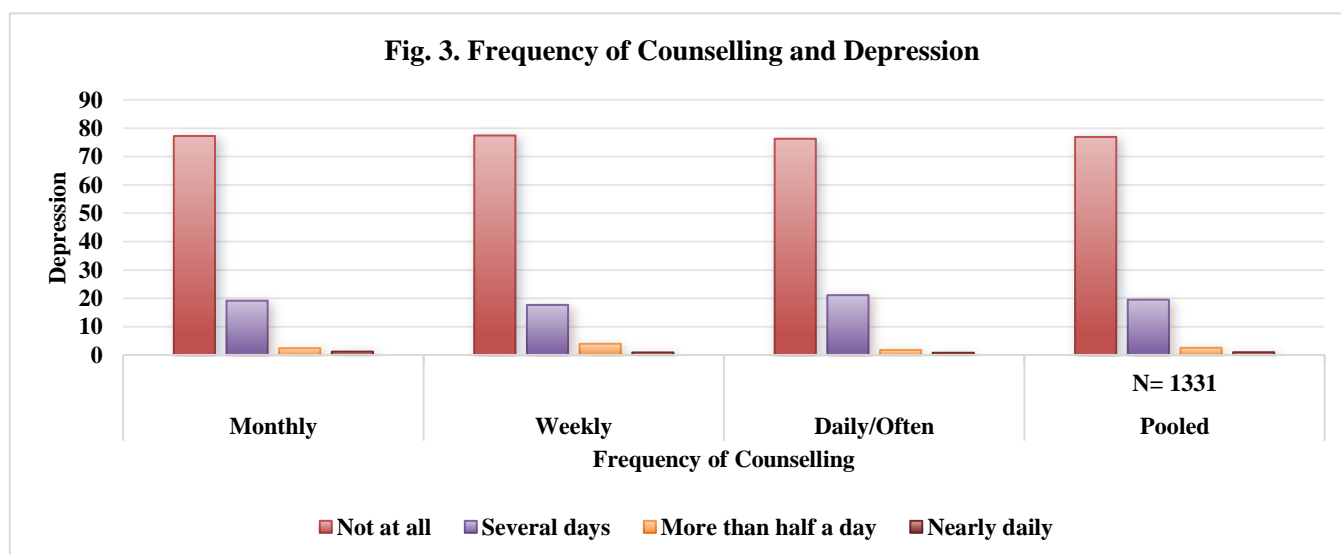
Source: National Survey of Religious Leaders (NSRL) data analyses result. * if $P \leq 0.1$, ** if $P \leq 0.05$, *** if $P \leq 0.01$.

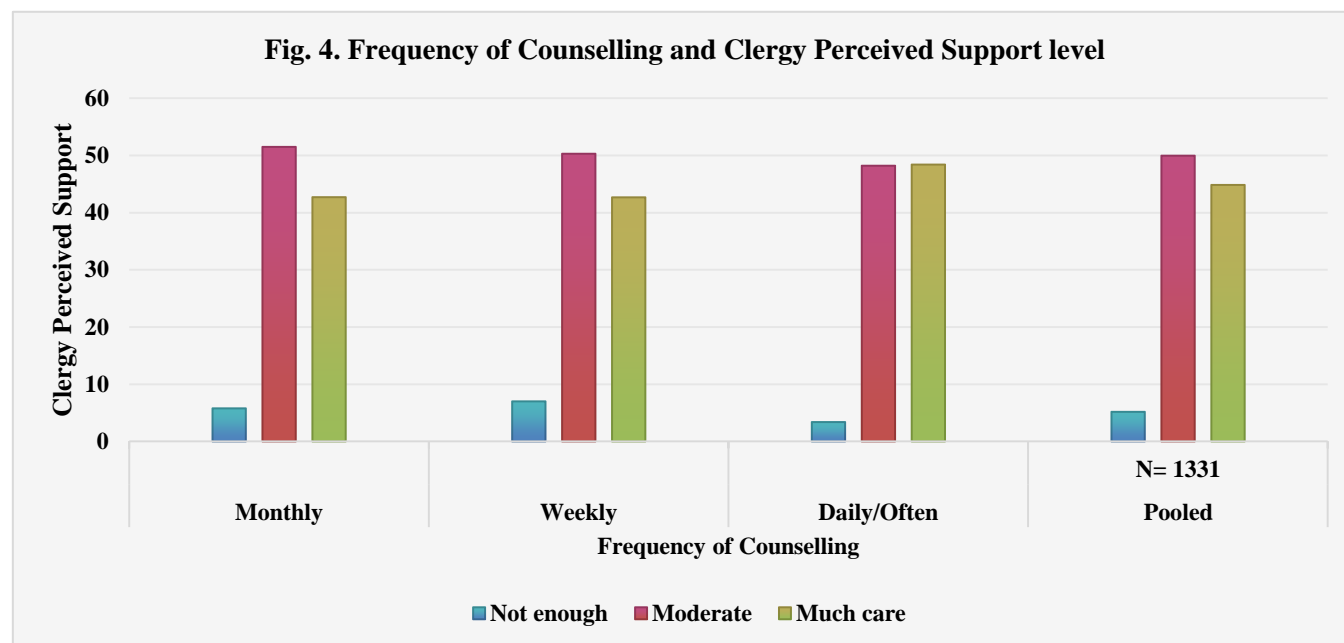


Source: National Survey of Religious Leaders (NSRL) data analyses result.



Source: National Survey of Religious Leaders (NSRL) data analyses result.





Source: National Survey of Religious Leaders (NSRL) data analyses result.

3.2. Discussions

The result of the analyses on work- life motivation nexuses between Pastoral Counseling Frequency and Clergy Mental Health outcomes are presented as an integrated Correlation tabulation analyses in Table 1. and the result showed that mental health crises of Depression (Feeling down, depressed or hopeless) is least (not at all) experienced among majorities (76.93%) of the Clergy, and within this group, a majority of about (76.29%) counsels daily/ often, while those who are often depressed (1.20%) also counsels monthly. This result is also similar to that obtained from the analyses on how often Clergy are bothered, and have little interest or pleasure in doing things (Lack of Interest), where majorities among Clergy (77.9%) do not lack interest or pleasure in doing things, and within this group, about (78.88%) engaged in counselling often/ daily.

Besides, regarding experiences of satisfaction with life, majorities of the Clergy (83.72%) experiences satisfaction with life daily, and within this category, a majority sub- group (87.23%) daily/ often engaged in pastoral counselling, while this latter finding was correlated with a high significant probability level (1%). This finding is similar to that of Corrigan *et al.* (2003), where religious adherences and attendance was found to positively effects mental health, and according to Davenport and McClintock (2021), higher religiosity correlates with lower depression symptoms.

Besides, happiness feelings is most experienced almost every day by majorities (51.66%) of the Clergy, while within this category, a larger share of about (54.13%) engages in counselling weekly, and this relationship was found to have a very high correlation coefficient significance at 1% probability level.

Also, regarding what extent do Clergy feel truly cared for by their congregation and frequency of counselling correlates, a majority group (49.96) receives moderate cares from their congregations, an within this category, about (51.50), and (50.30) engages in counseling monthly, and weekly, respectively, with a high probability significance (1%). This finding is similar to that of

Corrigan *et al.* (2003), where religious adherences and attendance was found to positively effects mental health, and according to Davenport and McClintock (2021), higher religiosity correlates with lower depression symptoms.

4.0. Summary, Conclusion, and Recommendations

This study was conducted to analyze work- life motivation Nexuses Between Pastoral Counseling Frequency and Clergy Mental Health outcomes in the United States and the results showed that mental health crises of Depression (Feeling down, depressed or hopeless) is least (not at all) experienced among majorities of the Clergy, who counsels daily/ often. This result is also similar to that obtained from the analyses on how often Clergy are bothered, and have little interest or pleasure in doing things (Lack of Interest), where majorities among Clergy do not lack interest or pleasure in doing things, and within this group, a majority engaged in counselling often/ daily. Besides, regarding experiences of satisfaction with life, majorities of the Clergy experiences satisfaction with life daily, and also counsels daily/ often.

Besides, happiness feelings is most experienced almost every day by majorities of the Clergy, wherein a majority engages in counselling weekly, and regarding what extent Clergy do feel truly cared for by their congregation and frequency of counselling correlates, a majority group receives moderate cares from their congregations, wherein majorities engages in counseling monthly, and weekly, respectively.

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