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Unraveling The Impact Of Mental Health Dispositions On Clergy Congregational Support Perceptions In The United States.

Adu, E. O[1*], Adu, O.E[2], Popoola, D. P [3]

[1] United Church of Christ

[2] School of Nursing and Health Professions, Cuyahoga Community College(TRI-C), USA

[3] Department of Agricultural Economics, University of Ibadan.

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***Corresponding author:** Adu, E. O

United Church of Christ

Abstract

This research was conducted to determine the effect of mental health outcomes and socioeconomic disposition on clergy congregational support perceptions in the United States, using a representative 1500 sample survey data obtained from the National Survey of Religious Leaders (NSRL), and analyzed with Descriptive statistics, and Econometric analyticals. The analyses on relationship between congregational support perceptions among clergies and their mental health outcomes showed that majorities are aged between about 56-65 years, do not undergo depression, not worried, and also have interest or pleasure in doing things, earns about $41000–$80999 annually, engaged in daily counseling, and rarely experience feelings of leaving congregational work to do something that does not involve religious work (LVRELWRK), while those involved in collaborative clergy engagements; Perceived to be receiving very much congregational care relative to their counterparts. Furthermore, econometric analyses result of the effect of clergy Mental Health outcomes- socioeconomic disposition on Congregational Support Perceptions intensity revealed that the model was a statistically good fit for the analyses at 1% probability significance level, showing that both clergy bothered feelings, and having little interest or pleasure in doing things (Lack of Interest), and the feelings of leaving congregational work to do something that does not involve religious work (LVRELWRK) had negative effect on clergy Congregational Support perceptions, while regular happy feelings, frequency of counselling, and increasing age had positive effects on clergy Congregational Support perceptions. The empirical findings from this study hereby provides a strong basis to validate or reject prior set theoretical conjectures.

Keywords: *Clergy, Congregational Support, Mental Health outcomes, Socioeconomic Disposition, Satisfaction.*

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1.0. Background to the study

1.1. Introduction

1.1.1. Mental Health And Clergy Professions

The Shepherdhood underlining Clergy works often demands connecting, perfecting, and stabilizing humanity as mortals with divinity usually through teaching, counselling, with the latter requiring more intense engagements, such responsibilities may often involve psychological risk factors, such as mental health dispositions that may, or not determine the nature, and variations in their Congregational Support Perception depths.

Pastoral duties usually entails teaching and regular counselling, while the latter involves active- in-depth process of joint problem identification, and identified problem solvings procedures 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.

Furthermore, 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 (clergies) 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, while some of the counselling discoveries, in addition to other useful experiences furnishes impactful congregational teachings.

Besides, a number of activities, could influence the mental health outcomes of individuals, while physical labors with lesser mental-psychological connections with the subjects may impose different effects on mental labors with 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).

1.1.2. Mental Health And The Sociocultural Structure

Mental health outcomes is indeed a function of human's disposition to life, which may to a great extent shape human feelings, psychological states, such as may influence perceptions of the work space, and associations as influenced by their perceptions. In this light, (Eagle *et al*., 2019) found that an understanding of depressive social structure, or other mental health challenge symptoms becomes crucial in the design of ameliorative interventions among the clergies, and related populations.

Furthermore, with respect to work life specificity, mental health outcomes according to (Doolittle, 2007) impacts clergy happiness and satisfaction in life, while high levels of spirituality increases emotional exhaustion and depersonalization, while (Holleman and Eagle, 2023) stated that mental health outcomes among clergies are similar to those of the general populace.

Besides, the conceptions of mental health throughout history, have been shaped by the religious institutions and the religious leaders, while adhering to specific religious beliefs produces unique worldview in which mental health and related illnesses are interpreted and attached meaning to, especially as influenced by clergy authority (Ward *et al*., 2013; Oxhandler *et al*., 2018).

Additionally, among the USA adults experiencing mental illness, 25% turns to their religious congregation for support, regarding their mental health issues (Wong *et al*., 2018), while on the contrary, congregations may turn source of stress especially for those struggling with serious mental health concerns from community criticisms hereby ultimately causing stigma (Moreira-Almeida *et al*., 2006; Sternthal *et al*., 2010; Oxhandler *et al*., 2018).

While speaking openly about mental health challenges may lead to criticisms and rejections from religious communities, it rather causes increasing psychological distress (Sternthal *et al*., 2010; Peteet, 2019) while clergies are yet, always turned to on counseling needs during mental health distress (Hays, 2018).

Consequently, the predominating fundamentalists view is of religious traditions where congregations should accept their clergy's opinions without inquiry, as unquestionable authority, irrespective of stereotypes and associated dogma (Peteet, 2019).

1.1.3. Mental Health And Psycho Pragmatism

Professional engagements dynamics, foundational experiences such as knowledge experience backgrounds, and other characteristics may influence individual's perceptions with their collective implications, while (Skovholt and Trotter-Mathison, 2011) found that the clergy, unlike other categories of professions, experiences or may view life differently.

It is notable that Humans are social beings by nature, that thrives amidst affection, brotherhood, and togetherness, while an otherwise situations such as a state of isolation, unusual social seclusion, and involuntary withdrawal can constitute negative-damaging mental health symptoms, that may become complicated over time hereby instigating work and societal switch, and capable of degenerating into secondary mental health challenges when prolonged.

Consequently, when the congregations that benefits from periodic pastoral mentorship, guidance, soul lifting ministration, and burden sharing become detached, unappreciative, and also withdrawn from their clergies, it may transcend into depressive feelings that do not only retard clergy productivity, but their mental health outcomes from feelings of inadequacy, reduced satisfactions and feelings of unfulfillment in life.

While some may experience the afore stated, others may not, and different clergies may as well respond or react differently to this as may be influenced by socioeconomic variables while these varying reactions and responses to positive or negative states of congregational support perceptions may be due to varying yet unidentified, and unquantified factors which this study seeks to reveal.

Findings from this study will help identify the existing state of congregation- clergy supports, level of congregational support influences on clergy mental health, its significance, and other clergy mental health influencing factors.

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It will also help identify empirical causes, magnitudes of (how much is due to/ from) preventive measures of, and coping strategies of congregational support related mental health challenges among clergies, given its supposed psychological influence, and productivity implications.

Consequently, there are scanty studies that focused on diverse clergy population mental health statuses, their outcomes, and how such may transcend to influence their congregational care perceptions.

This study hereby seeks to unveil the effect of clergy mental health and socioeconomic dispositions on their congregational support perceptions in the United States with the following specific objectives.

1. To profile the existing relationships between clergy mental health socioeconomic dispositions on their congregational support perceptions, and
2. To reveal the causality variables between clergy mental health socioeconomic disposition and their congregational support perceptions in the United States.

Hypothesis

H_{o1}**:** There is no significant effect of clergy mental health socioeconomic dispositions and their congregational support perceptions.

2.0. Methodology

2.1. Study area and Data Sources

This study was conducted in the United States, using the Chaves (2023)- National Survey of Religious Leaders (NSRL) survey data. The NSRL is a nationally representative sample survey of 1,600 clergy, and it is 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). It surveyed religious leaders who work in congregations, including full-time and part-time ministerial staff, assistant and specialist ministerial staff (such as youth ministers, religious education directors, and others), and head clergy. Conducted between February 2019 - June 2020, and funded by John Templeton Foundation.

1,281 primary leaders and 3,030 in-scope secondary leaders were identified in the 1,234 NCS-IV congregations that had religious leaders. The NSRL constitutes a significant new resource for deepening our knowledge about religious leaders in 21st century America.

With the occurrences of missing data, owing to the observed 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 the important independent variables to have a workable set of 1331 sample size, 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 clergies.

2.2. Analytical Review

Descriptive statistics such as frequencies, percentages, and cross tabulation analyses was used to profile the relationships between Clergy congregational supports perceptions, and mental health outcome variables, while to determine the effect of congregational support perceptions on clergy mental health outcomes, a Probit regression analyses was employed. The model and variable specifications are as follows;

2.2.1. Binomial regression analyses

A binomial Probit regression analytical model was used to derive the effect of clergy mental health and socioeconomic disposition on their congregational support perceptions in the United States. Given a dualistic outcome variable Y_i, and an explanatory vector variables X_i, hypothesized to influence the Y_i is presented as follows:

$$\Pr\{Y_i = 1|x_i\} = F(\beta' x_i) \quad (1)$$

Where; Y_i = binary clergy's congregational support perceptions, X_i = explanatory variables.

$$Y_i = \beta_0 + \sum_{i=1}^{n} \beta_i X_i + \mu_i \quad (2)$$

Y_i = A binary dependent variable. (Y_i Assumes "1" if Clergy receives very much congregational support, or "0" if otherwise), β_i = Slope, and $\beta_{0=\text{Constant}}$, X_i = A set of explanatory variables; $u_{i=\text{Random effect}}$.

$\mathbf{X_1}$ = LACKINT- 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 every day), $\mathbf{X_2}$ = SATLIFE- Frequency of feeling satisfied with life (1=Never, 2=Few time weekly, 3=Daily), $\mathbf{X_3}$= HAPPINESS (Ordered; 1= Few times per week, 2= Almost every day, 3= Daily), $\mathbf{X_4}$= COUNSELING Frequency (Ordered; 1= Monthly, 2= Weekly, 3= Daily/Often), $\mathbf{X_5}$= Level of Ministerial-formal education (Nominal; 1= No college or formal ministerial training, 2= formal pastoral or ministerial training, 3= Bachelor's degree, 4= Graduate degree, 5= MDiv or equivalent), $\mathbf{X_6}$= Annual income ($), $\mathbf{X_7}$ = Age (Years), $\mathbf{X_8}$= BMI, $\mathbf{X_9}$= LVRELWRK- Frequency of considering leaving congregational work for other non congregational works (Ordered; 1=Never, 2=Once in a while, 3= Fairly often, 4=Very often).

The dependent dichotomous variable explicitly assumes that Y_i is;

$$Y_i = \begin{cases} 1 \text{ if } y_i^* > 0 \\ 0, \text{ if otherwise} \end{cases} \quad (3)$$

Also, due to non-linearity assumption of the model, its marginal been the coefficient of interest, measuring the effect of congregational support on clergy mental health outcomes will be generated as follows;

$$\frac{dy_i}{dx_i} = \phi(\beta' x_i)\beta_i \quad (4)$$

Where ϕ is the standardized normal distribution probabilistic density function.

3.0. Results And Discussions

3.1. Results

A cross tabulation analyses of clergy mental health outcomes-socioeconomic dispositions and their congregational support perceptions in the United States.

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Variables	Lesser Congregational Care N= 734	Very much Congregational Care N= 587	Pooled N=1331
DEPRESS	**Freq. (Percent)**	**Freq. (Percent)**	**Freq. (Percent)**
Not at all	511(69.62)	513(85.93)	1024(76.93)
Several days	187(25.48)	73(12.23)	260(19.53)
More than half a day	26(3.54)	8(1.34)	34(2.55)
Nearly daily	10(1.36)	3(0.50)	13(0.98)
Total	734 (100)	597(100)	1331(100)
AGE Years			
26 - 35	34(4.69)	19(3.20)	53(4.02)
36 - 45	140(19.31)	74(12.48)	214(16.24)
46 - 55	133(18.34)	107(18.04)	240(18.21)
56 - 65	191(26.34)	152(25.63)	343(26.02)
66 - 75	183(25.24)	158(26.64)	341(25.87)
76 - 85	37(5.10)	73(12.31)	110(8.35)
>85	7(0.97)	10(1.69)	17(1.29)
Happiness feelings			
Few times per week	199(27.22)	37(6.22)	236(17.80)
Almost everyday	390(53.35)	295(49.58)	685(51.66)
Everyday	142(19.43)	263(44.20)	405(30.54)
CONGSAL ($)			
5000 - 40999	202(27.52)	187 (31.32)	389 (29.23)
41000 - 80999	361(49.18)	264(44.22)	625(46.96)
81000 - 300000	171 (23.30)	146 (24.46)	317(23.82)
COUNSELING			
Monthly	287(39.10)	214(35.85)	501(37.64)
Weekly	188(25.61)	140(23.45)	328 (24.64)
Daily/Often	259(35.29)	243(40.70)	502(37.72)
MARITAL			
Currently unmarried	189(25.75)	180(30.15)	369(27.72)
In a Marriage	545(74.25)	69.85(417)	962(72.28)
LVRELWRK			
Never	345(47.13)	431(72.56)	776(58.52)
Once a while	295(40.30)	139(23.40)	424(32.73)
Fairly often	69(9.43)	14(2.36)	83(6.26)

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Very often	23(3.14)	10(1.68)	33(2.49)
CNONPRFT			
Yes	520(70.84)	419(70.18)	939(70.55)
No	214(29.16)	178(29.82)	392(29.45)
LACKINT			
Not at all	512(69.75)	525(87.94)	1037(77.91)
Several days	171(23.30)	61(10.22)	232(17.43)
More than half a day	38(5.18)	7(1.17)	45(3.38)
Nearly daily	13(1.77)	4(0.67)	17(1.28)
Total	734(100)	597(100)	1331(100)

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

Table 2. Probit Regression analysis revealing the causality dynamics of clergy mental health outcomes on their congregational support perceptions in the United States.

Variables	**Marginal functions**	**Std-Error**	**Z-Value**	**VIF**
LACKINT	-0.0526554	0.0241713	-2.57***	1.25
SATLIFE	-0.0003769	0.0414769	0.51	1.58
HAPPINESS	0.1958822	0.0226692	8.16***	1.48
Age	0.0026308	0.0009754	2.62***	1.10
COUNSEL	0.0097493	0.0061055	1.57 *	1.11
BMI	-0.0011776	0.0022014	-0.52	1.03
LVRELWRK	-0.1052626	0.0189961	-5.47 ***	1.18
Ln_CONG~L	0.0105046	0.0165102	0.66	1.12
EDUC	-0.0053472	0.0118091	-0.50	1.14
CONSTANT	-0.0065389	0.2297633	-2.28 **	-
Diagnostics and post-estimations	**Prob > chi^2 = 0.0000** **Adj R^2 = 0.1473** **Area under ROC curve = 0.7342**		**VIF$_{max}$ = 1.58** **VIF$_{min}$ = 1.03** **VIF$_{mean}$ = 1.22**	

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

3.2. Discussions

3.2.1. Cross tabulation analyses of clergy mental health socioeconomic dispositions and their congregational support perceptions in the United States.

The result of the cross tabulation analyses between Congregational Support perceptions among clergies and their mental health-socioeconomic outcomes is presented in Table. 1, revealing that majorities of the clergies do not undergo depression and also received adequate congregational care, while majorities (51.66%) are happy almost every day within which 53.35%, and 49.58% perceived to be receiving lesser congregational care, and very much congregational care, respectively. Besides, similar to this is lack of interest wherein majorities of the clergies (77.91) were not bothered, and do not lack interest or pleasure in doing things and perceived to be receiving very much congregational care, relative to their counterparts.

Furthermore, majorities of the clergy (46.96%) earns $81000 - 300000 annually, within which 23.30%, and 24.46% perceived to be receiving lesser congregational support, and very much congregational supports, respectively, relative to their counterparts.

Also, majorities of the clergy (37.72%) engaged in daily counseling, and perceived to be receiving much congregational care. This is also similar to feelings of leaving congregational work to do something that does not involve religious work (Leave Work), and collaborative engagements, where majorities of those who never feel like leaving work and collaborates on sorts of events, program, or project with others perceived to receive very much congregational care, relative to their counterparts.

3.2.2. Econometric analysis revealing the effect of clergy mental health dispositions on

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congregational support perceptions in the United States.

An econometric analyses was executed to reveal the effect of clergy mental health disposition on their congregational support perceptions in the United States, and the model showed a statistically good fit for the analyses with its 14.73% explanations of the observed effects in the outcome model, a 73.4% area under curve, and significance at 1% probability level. Also, no problem of Multicollinearity was observed as confirmed in the Variance Inflation Factor analysis (VIF), where the Minimum and maximum VIFs were 1.58, and 1.03 respectively.

The result showed that, out of nine hypothesized mental health outcome variables, only five significantly determined clergy Congregational Support perceptions of; Lesser Congregational Care or Very Much Congregational Care vis a viz; Lack of Interest (LACKINT), Happiness, Age, Counselling, Feelings of quitting clergy works (LVRELWRK).

Clergy bothered feelings, and having little interest or pleasure in doing things (Lack of Interest) was found to negatively determine clergy Congregational Support perceptions with a coefficient of -0.0526554. This shows that an increasing lack of interest or pleasure in doing things increases a diminutive perceptions of clergy Congregational Support. This finding attunes the findings of (Hartford University, 2024), who found that Clergy members do face diverse mental health demands from their congregations, and was found, to have a very high- 1% significance probability level.

Consequently, regular happy feelings was found to positively increase clergy Congregational Support perceptions with a coefficient of 0.1958822. This is likely owing to happiness derived from clergy satisfactions with work experiences that also increases their Congregational Support perceptions, and this effect was found highly significant at 1% probabilistic level.

Furthermore, Age has positive effect on clergy Congregational Support perceptions with a coefficient of 0026308 and highly significant at 1% probabilistic level.

Additionally, Frequency of counselling was found to have an increasing positive effect on clergy Congregational Support perceptions and found to have a lower significance at 10% probability level. This may be due to the findings of Bloom (2013), where clergies reports that they are discouraged of forming friendships with congregants as it may blur lines between who gives and who receives care, hereby creating potential ethical conflict.

Finally, the feelings of leaving congregational work to do something that does not involve religious work (LVRELWRK) has a negative effect on clergy Congregational Support perceptions with a coefficient of -0.1052626. This may be due to the possibility that increasing considerations of alternative profession may affect current job perception, especially when such alternative offers better appreciable values. This might be owing to the accumulating mental stresses over time, and may like to try something outside congregational duties. This finding attunes the findings of (Hartford University, 2024), who found that Clergy members do face diverse mental health demands from their congregations, and inability to handle increasing pressure and worsened by unwholesome mental health experience from low level of perceived social support. This was found to be significant a very high- 1% probabilistic level.

4.0. Summary and Conclusion

This research was conducted to reveal the Causality of clergy mental health outcomes- socioeconomic disposition on congregational support perceptions in the United States. The result of the cross tabulation analyses between congregational support perceptions among clergies and mental health outcomes showed that majorities of the clergy do not undergo depression and also received adequate congregational care, while majorities feels happy almost every day within which 53.35%, and 49.58% perceived to be receiving lesser congregational care, and very much congregational care, respectively. Similarly on lack of interest, wherein majorities of the clergies (77.91) were not bothered, and do not lack interest or pleasure in doing things and also perceived to be receiving very much congregational care, relative to their counterparts. Also, a majorities group of the clergy (46.96%) earns $81000 - 300000 annually, within which 23.30%, and 24.46% perceived to be receiving lesser congregational support, and very much congregational supports, respectively, relative to their counterparts, while majorities of the clergy (37.72%) who engaged in daily counseling perceived to be receiving much congregational care. This is also similar to feelings of leaving congregational work to do something that does not involve religious work (Leave Work), and collaborative engagements, where majorities of those who never feel like leaving work and those that collaborates on sorts of events, program, or project with others perceived to receive very much congregational care, relative to their counterparts.

Furthermore, econometric analyses result of the analyses on effect of clergy Mental health outcomes on their congregational support Perceptions provided that the model was a statistically good fit for the analyses at 1% probability significance level, and that; Clergy bothered feelings, Having little interest or pleasure in doing things (Lack of Interest), and Feelings of leaving congregational work careers outside religious work (LVRELWRK), was found to negatively determine clergy congregational Support perceptions. Consequently, regular happy feelings, Increasing age, frequency of counselling, was found to positively increase clergy Congregational Support perceptions. Findings from this study hereby provided an empirical basis for rejecting the conjectured null hypotheses for the afore stated variables and vice versa, accordingly by concluding that majorities of the United States Clergy were dutifully committed, and these significantly induced satisfactory level of congregational support perceptions among them, possibly owing to congregational reinforcement and motivations to these effects, unlike the effects of unhealthy psychological factors. It is hereby necessary to sustain, and or improve upon these conditions for sustained congregational edification.

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