

Gender and Denominational Affiliation Differences of Depression and Stress among Christian Clergies in Nigeria

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ABSTRACT

This survey examines gender and denominational affiliation differences of depression and stress among Christian Clergies in Nigeria. The population of this study comprises all Catholic, Protestant and Pentecostal Clergies in Nigeria. A sample of 300 participants selected through incidental random sampling are used for the study. Data are obtained through the use of questionnaire. Out of the 300 copies of questionnaire issued, 285 were successfully filled and returned. Out of this number, 173 were males while 112 were females. Data were analysed using the multivariate Analysis of Variance (ANOVA) and descriptive statistics such as the Mean and Standard Deviation. Based on the spread of this work, 55 were Protestants, 45 were Pentecostals while 185 were Catholics. Six hypotheses are formulated to guide the study. The study revealed among other things that there will be a significant interaction effect between gender and denominational affiliation on stress. Clergies should be encouraged from their various denominations to always seek help for depression and stress from mental health care providers.

Keywords: *Denominations, clergy, depression, stress, Catholics, Protestants, Pentecostals*

INTRODUCTION

Religion constitutes a very significant part of every society. Religion has a long history that has a trace from the ancient days to the modern era. The society has faced a lot of transition in terms of religious practices yet religion still remains constant to every community or society as a fraternal way of attaining salvation. Religion has been an integral part of every society, our lives, ranging from the creation of man to the medieval era, and then to the 21st century. Thus, it kings waged wars, societies make bye laws, and rulers rule (Papalcy) and have made our one world many worlds. We tend to strive to preserve what we believe in as we strive for our daily livelihood. Every religious institution tries its best to seek the consent of its members in establishing leadership. "But you are not like that, for you are a chosen people. You are royal priests, a holy nation, and God's very own possession. As a

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result, you can show others the goodness of God, for he called you out of the darkness into his wonderful light' (I Peter 2:9 NIV/NLTB 1986). And now if you will faithfully obey me, you will be my very own people. The whole world is mine but you will be my holy nation and serve me as priests. (Exodus 19: 5 – 6 Good News Bible). In ancient Israel, Priests acted as mediators between God and people. They administered according to God's Instruction and they offered sacrifices to God on behalf of the people. Once a year, the high priest would enter the holiest part of the temple and offer sacrifice for the sake of all people including all the priests. Harris (2010) argues that clergy are susceptible to burnout and depression as are their congregants. Many priests, clergy are battling with mental health issues such as depression, stress, burnout, anxiety, out of vulnerability factors such as vocational satisfaction, responsibility discharge and as a result of the lack of social support from the authority hierarchy.

NIMH (2001) as cited in Kesler, Chiu, Demier and Walters (2005) reports the annual incidents of Mood disorder (major depressive disorder, dysthymic, and bipolar) as approximately 20.9 billion American adults or 9.5% of the population. Clergy as helping professionals are not exempted. Depression, stress and burnout are common occurrences in this profession. Knox, Virginia and Lombardo (2002) conduct a study on depression and anxiety in Roman Catholic secular clergy. Using predictive factors such as social support, spiritual activities, vocational satisfaction, and physical environment; the study yielded a 64% return rate and Secular clergy reported significantly greater depression and anxiety than are reported in a general population. Koenig (2007) as cited from Trice and Bjorck (2006) states "Pentecostal baby boomers can report significantly higher 6 – month and lifetime rates of depressive and anxiety disorders than other Protestants in the same age group.

To the behaviourist, depression is caused by a combination of stressors in a person's environment and a lack of personal skills (Lewinsohn, Michel, Chaplain and Barton, 1980). They further argue that depressed people are precisely those who do not know how to cope with the fact that they are no longer receiving positive reinforcements like they were before. The level of stress felt by an individual is as a result of both the environmental stimulus and the reaction of that person to it. Events themselves are neutral and become stressors based on individual perception. One person may experience stress from work over loads, while a second does not, the second may feel stress from role ambiguity, while the first does not (Kasl, 1978; Pearlin 1982). Psychological stress refers to a relationship with the environment that the person appraises as significant for his or her well-being and in which the demand tax or exceed available coping resources (Lazarus and Folkman, 1984). This definition points to two processes as central mediators within the person environmental transaction: cognitive and coping.

Social support as an instrument can be provided by one's immediate family, friends, community, etc. This social support provided also reduces the chances of certain mental health issues among individuals. There are quantifiable forms of social support (appraisal support, informal support, instrumental support) and non-quantifiable forms of social support (emotional, integration support). Additional as with personal coping skills the more

perception of an adequate support system has sometimes been shown to have more beneficial effects than the actual receipt of support (Vaux 1988, Wethington, Ronald and Kessler 1986, Ross and Mirowsky 1989; Aneshensel 1992, Sutor, Karl and Shirley (1995). Social support is therefore, a critical determinant of psychological well-being. Social support protects people from the bad health effects of stressful events (the stress buffering) by influencing how people think about and cope with the event. According to stress and coping theory (Lazarus and Folkman, 1984) events are stressful in so far as people have negative thoughts about the event (appraisal) and cope ineffectively. Coping consists of deliberate conscious action such as problem solving or relaxation. As appraisal and coping perceived support reflects a history of receiving effective enacted support. Evidence for stress and coping social support theory is found in studies that observe stress buffering effect for social support (Cohen and Wills, 1985).

Uchino (2009) focuses on how trait like aspects of perceived support and social integration can explain links to physical health. According to this theory, social support develops throughout the life span, but especially in childhood attachment with parents. Lakey and Orehek (2011) perceive support correlation with mental health is based on processes other than stress and coping. Thus Relational Recordation Theory hypothesizes that people regulate their emotions through ordinary conversations and shared activities. Yet this regulation is relational in that the providers, conversation topics and activities that help regulate emotion are primarily a matter of personal task

The ministerial orders of the Roman Catholic Church are those of bishop, Presbyter (Priests) and deacon. The main duties of the catholic priest includes: offering the holy sacrifice of the mass, hearing confessions and counseling, whilst continuing to hold the importance of these two aspects of priesthood. Priests are also responsible for daily recitation of the principal and minor offices of the liturgy of the hours. Catholic ministers are only ministers of the sacrament of Penance and Anointing of the sick. They are the ordering ministers of Baptism and witnesses to holy matrimony.

Based on the theological approach, most Protestants do not have a sacrament of ordination like the pre-Reformation churches. Protestant ordination, therefore can be viewed over as a public statement by the ordaining body that an individual possesses the theological knowledge, moral fitness, and practical skills required for service in that faith group's ministry. We are all consecrated priests though baptism, as St Peter in 1. Peter 2 (a) says "You are a royal priesthood and a priestly kingdom" and Revelations 5 (10). "Through your blood you have made us into priests and kings". "No one should regard us as anything else the ministers of Christ and dispensers of the mysteries of God" (Corinthians 4:1).

Olisah (2006), who carried out a pedagogical analysis of psychological and socio-cultural problem associated with religious women on reshaping the vocation of religious women in Nigeria, observes that many Nigerian nuns are suffering from psychological problems/disorders such as anxiety, eating disorder, depression, mood stress, personality disorder, anti-social, schizophrenia. Kessler, McGonagle, Swartz, Blazer and Nelson, (1993); Mazure, Keita and Blehar (2002) for the first time in the U.S data from a structured

psychiatric interview administered nationally revealed women are 1.7 times as likely to experience a major depressive episode when compared to men. The prevalence of depression is also a growing cause of women's disability and role impairment. Wright, Cohen, R. and Cohen, S. (2005) in their review of recent evidence updating our understanding of the role for psychological stress in atopy found out that psychological stress may have independent effects as well as influencing atopy through the enhancement of neuroimmune responses to other environmental factors operating through similar pathways.

Studies employing multivariate analysis to address the multiple variables influencing the stress depression relationship carried out by Kendler, Gardener, Neale, Prescott; (2001); Maciejewski, Prigerson and Mazure (2001) reveal that women tend to be more reactive to interpersonal stress whereas men appear to react to events involving work and legal difficulties. Gentry, Hung, Aung, Keller, Heinrich and Maddock (2007) from their study, reveal that women reported overall perceived stress levels, but there was no difference in the experience between gender in relation to social stressors and health stressors. In an epidemiological study by Knox, Virginia, Thull and Lombardo (2005) low vocational satisfaction was found to be predictive of depression as well as both state and trait anxiety. They also find out that low social support is predictive of state and trait anxiety.

In a quasi-experimental study of compeer which matches community volunteers and people with serious mental illness to increase social support. McCorkle, Rogers, Dunn, Lyass and Wan (2008) observe that in increasing social support for individuals with serious mental illness the subgroup of responder showed significant gains in subjective well-being and reductions in psychiatric symptoms. Karick, Dagona, Abangom and Oluchi (2013) in a study, discover the differences in the psychological distress in areas of depression and stress among Christian religious clergies irrespective of their denominations; they also see gender, religious and denominational differences in psychological distress among Christian clergies.

Pargament and Mahoney (2005) argue that the level of clergy's religiosity does not only buffers the clergy's psychological well-being but rather increases their chances to failure, hence, they easily become victims of psychological distress such as stress and depression. The clergy is often seen as an evangelist, youth minister, spiritual model, community-minded minister, preacher, personal enabler, administrator, teacher, equipper and visitor/counselor (Nauss, 1995) and this to a large extent predisposes the clergy to high level of stress and depression. To buffer their level of psychological well-being, social support is needed in many ways especially from congregants.

Knox, Virginia, Thull and Lombardo (2005) report that low vocational satisfaction leads to depression and even anxiety among clergy. Many view the clergy as a set of happy people that are so righteous, this places more pressure on them, they are seen to be doing a lot of task. Kemery (2006) finds that the varied nature of pastor's job may actually lessen stress. Kemery used the concepts of role ambiguity and role conflict to look at the ways pastors go about their work. Kemery further finds that clergy satisfaction was found highest when role ambiguity was high and role conflict was low, adding that from a remedial

perspective, churches should try to minimize role conflict. Studies comparing the work of Christian clergy reveal that clergy roles, time use and job demands are similar across United Methodist (UM) Baptist, Pentecostal, Lutheran, Presbyterian, Episcopalian, and United Church of Christ denominations as well as with Catholic Priest (Carroll, 2006). Pastors often serve simultaneously in numerous roles such as mentor, caregiver, preacher, leader, figure head, disturbance handler, negotiator, administrator, manager, counselor, social worker, spiritual director, teacher and leader in local community (Pickard and Guo, 2008).

Carroll (2006) argues that a Clergy also faces a number of work related stressors including high demands on their time, lack of privacy, pressures from frequent relocation and criticism from church members. These stressors, in turn, have been linked to feelings of stress and burnout. Given that scholars have demonstrated that occupational stress produces lower levels of health and well-being (Lim, Bogossian, and Ahern, 2010) scholars and denominational leaders alike have reason to be concerned about the mental health of clergy. Knox, Virginia, and Lombardo (2002) find significant rates of anxiety and depression among clergy population. Knox, Virginia and Smith (2007) also find higher rates of depression, stress, and anxiety among Catholic clergy. Studies have focused on the differences between Catholics and Protestants, but few studies have included gender and Pentecostals in factorial designs. This study is interested in looking at the impact of these roles played by the clergy. Furthermore, it seeks to find out how gender and denominational differences are seen in clergy level of depression and stress in relation to power dynamics in psychopathology.

Subject to the theoretical setups the study formulated six hypotheses for guidance:

1. There is a significant gender difference on depression among the clergy
2. There is a significant gender difference on stress among the clergy
3. There is a significant denominational affiliation difference on depression.
4. There is a significant denominational affiliation difference on stress.
5. There is a significant interaction effect between gender and denominational affiliation on depression.
6. There is a significant interaction effect between gender and denominational affiliation on stress.

METHOD

This study adopts the survey research design. The population consists of all Catholic, Protestant and Pentecostal Clergies in Nigeria. Participants were 300 members of the clergy residing in Nigeria and randomly selected from Catholic, Protestant and Pentecostal denominations through a simple incidental sampling technique. An overall total of 300 copies of questionnaire were issued out and a total of 285 were returned with a respond rate of about 93%. One hundred and seventy three of the respondents were male clergy while 112 were females. About 60% of the questionnaire were distributed to the respondents directly by the researchers and had a return rate of almost 90%. Also, 40% of the

questionnaire were mailed to participants at various geographical locations within the country; the mailing yielded a return rate of 98%. Out of the 285 participants, 55 were Protestants, 45 were Pentecostals, while 185 were from the Catholic denomination. Out of the participants obtained for the study, 7.8% were Hausas, Igbos were 30%, Yoruba formed 10%, and other ethnic groups were 52.2%. The study was able to use all the questionnaire obtained. The age bracket for all participants was between 20 – 29, 30-39, 40-49, 50-59, 60-69 years as indicated by all participants in the course of the study. A 2 × 3 factorial design was employed in the study, with gender and denominational affiliation as the independent variables while depression is the dependent variable. Gender has two levels (male and female) while denominational affiliation has three levels (Catholic, Protestant, and Pentecostal).

The questionnaire was typed and presented to respondents; some were mailed to participants anticipating their response. The questionnaire had instructions on it that allows the participant right to refuse participation and also provides some confidential guarantee to the participants. The major instrument used in the study is the Depression Anxiety and Stress Scale 21 (DASS 21). The instrument was developed and used by Lovibond P. and Lovibond S. (1995). The DASS – 21 measures each of the three mental health condition, over the past week through seven items. Responses on each item range was from 0 (did not apply to me at all) to 3 (applied to me very much). The intensity of any of the three conditions is determined by sum scores of responses of its 7-item subscale. The original 42 items were developed using a non-clinical sample of 2914. The Depression scale measures hopelessness, low self-esteem, and low positive effect. The Anxiety scale assesses autonomic arousal, physiological hyper- arousal, and the subjective feeling of fear. The stress scale items measure tension, agitation, and negative effect. The DASS demonstrates excellent external consistency in both the 42 – and 21 – item (DASS – 21) version. Depression ranges from 0.91 to 0.92. Anxiety ranges from 0.81 to 0.92; and stress ranges from 0.88 to 0.98. A three – factor solution reflecting the three scales has been found consistently across samples and factor – analytic techniques with only minor variation. Inter – scale correlations range as follows: Depression - Anxiety (0.45 - 0.71, 0.50), Anxiety – Stress (0.65 - 0.73), and Depression – Stress (0.57 – 0.79). Data were analysed using the multivariate Analysis of Variance (ANOVA) and descriptive statistics such as the Mean and Standard Deviation.

RESULTS AND DISCUSSION

Analysis of data reveals no significant main effect of gender on depression $F(1,279) = 1.744, P = 0.188$; with mean scores of 9.74, 11.98, 12.52 for males and 9.43, 7.00, and 12.52 for females as well. Thus, the hypothesis one which states that there is a significant gender difference on depression among the clergies was rejected. The first hypothesis analyzed gender on depression. Research results indicate that there was no significant gender main effect on depression. This is different to most previous studies that have asserted that gender difference in depression exists with women likely to show higher

depressive symptoms. Researchers such as Mazure, Keita and Blehar (2002), Piccinelli and Wilkinson (2011) observe gender differences in depression with women showing higher depression rate to males. However, this study finds no significant gender difference in depression which could likely be the effect of the sample size as females were slightly under represented in sample size.

Further hypothesis analyzed gender on stress. It reveals no significant main effect of gender on stress $F(1,279) = 0.11, P = 0.916$; with mean scores of 11.03, 13.35, 14.20 for males and 11.43, 14.00, 13.59 for females respectively. Therefore, the hypothesis two which states that there is a significant gender difference on stress among clergies was also rejected. This was also not significant. In their studies, Gentry, Hung, Aung, Keller, Heinrich, and Maddock (2007) find no significant gender difference in stress even though women showed higher overall stress but still no difference in health stressors.

Further analysis of the third and fourth hypotheses find a significant denominational affiliation main effect for both depression and stress to be significant. Results obtained reveal that Catholic clergies show higher depressive tendencies than their counterparts from other denominations. Virginia (1998) in a study on Roman Catholic secular clergies points out that Catholic secular clergy often show higher frequency of getting depressed in comparison to their Monastic counterparts. This study actually set the pace for other religious denominational comparison. Knox, Virginia and Lombardo (2002) in a study on depression and anxiety on Roman Catholic secular clergy using vocational satisfaction, social support, spiritual activities physical environment as predictive variables discover that social support, location/place and vocational satisfaction were significantly related to the Roman Catholic Secular priest experience of depression and anxiety. The analysis reveals a significant denominational affiliation main effect on depression with mean scores of 9.64, 11.58, 12.52 for Pentecostals, protestants and catholic clergies respectively. Hence, the hypothesis that there is a significant denominational affiliation differences on depression was retained.

The fourth hypothesis posits that there will be a significant denominational affiliation on stress. Results obtained showed Catholic clergies showing more stress symptoms than their counter parts from other denomination, followed by the Protestants who are next. Additionally, occupational tidings and social support were mainly factors that affect the significant stress level of the Catholic clergies. Occupational stress seems to be a form of major stress with no family to help with some forms of social support. The clergy has limited number of emotional resources and often found them depleted by stressful occupational demands Harris (2010). Lee (1999) demonstrates that vital and demanding function in church damage ministers more than they do congregants. Furthermore, some of these stressful episodes are difficult enough to surface as accounts of frustration, anguish, depression and doubts about ones' confidence. Other studies have shown that over 70% of pastors are so stressed out and burned out that they regularly consider living the ministry. There are few times pastors are not "on call" and they often must deal with persons who are socially troubled (Weaver, 1995). Analysis reveals a significant denominational affiliation main effect on stress with mean scores of 11.16 for Pentecostals, 13.36 for Protestants

and 13.88 for Catholic clergies. Therefore, the hypothesis that there is a significant denominational affiliation differences on stress was also retained.

The fifth and six hypotheses analyzed the interaction effects between gender and denominational affiliation on depression, and gender and denominational affiliation on stress as well; both were found not to be statistically significant. Rayburn, Richmond and Rogers (1986) in a study compared the stress level of 45 female Rabbis, 54 Catholic priests, 61 Protestant clergymen, and 60 Protestant clergywomen, the Rabbis reported higher stress from role and occupational overload compared to the other three groups investigated. They reported much greater stress levels with respect to their responsibilities and resources compared to Catholic priests, although the Rabbis did not differ from male and female ministers on these factors. Rayburn, Richmond and Rogers in subsequent studies concluded that interestingly whether married or single, clergywomen reported comparable levels of stress. Analysis reveals no significant interaction effect of gender and denominational affiliation on depression. Therefore, the hypothesis that there is a significant interaction effect between gender and denominational affiliation on depression was rejected.

Additionally, although female clergy get depressed than male clergy, the male counterparts tend to perceive stress from personal and occupational factors while the females tend to perceive less stress from occupational strain but rather mostly from family factors and both clergies were better able to perceive almost a similar stress level. Maciejewski and Prigeson (2001) study reveals that women tend to be more reactive to interpersonal stress whereas men appear to react to events involving work and legal difficulties. Analysis reveals no significant interaction effect of gender and denominational affiliation on stress. Therefore, the hypothesis that there is a significant interaction effect between gender and denominational affiliation on stress was rejected too signifying no significant interaction.

Table 1: Descriptive statistics showing marginal means for depression and stress

	Gender	Denomination	Mean	Std. Deviation	N
Depression (DASS 21)	Male	Pentecostal	9.74	2.569	31
		Protestant	11.98	4.276	54
		Catholics	12.52	3.997	88
		Total	11.86	3.988	173
	Female	Pentecostal	9.43	2.102	14
		Protestant	7.00	.	1
		Catholics	12.52	3.706	97
		Total	12.08	3.698	112
	Total	Pentecostal	9.64	2.414	45
		Protestant	11.89	4.289	55
Catholics		12.52	3.836	185	
Total		11.94	3.872	285	
Stress (DASS 21)	Male	Pentecostal	11.03	2.089	31
		Protestant	13.35	3.929	54
		Catholics	14.20	4.478	88
		Total	13.37	4.123	173

Female	Pentecostal	11.43	2.065	14
	Protestant	14.00	.	1
	Catholics	13.59	3.659	97
Total	Total	13.32	3.549	112
	Pentecostal	11.16	2.067	45
	Protestant	13.36	3.894	55
	Catholics	13.88	4.070	185
	Total	13.35	3.901	285

Source: Survey, 2016

Table 2: The between subjects effects using the multivariate ANOVA

Source	Dependent Variable	Type III Sum of Squares	Df	Mean Square	F	Sig.
G	Depression Dass	24.576	1	24.576	1.744	.188
	Stress Dass	.160	1	.160	.011	.916
D	Depression Dass	299.178	2	149.589	10.613	.000
	Stress Dass	226.957	2	113.479	7.847	.000
G * D	Depression Dass	24.115	2	12.057	.855	.426
	Stress Dass	9.336	2	4.668	.323	.724

Source: Survey, 2016

CONCLUSION AND RECOMMENDATIONS

This study was conducted to examine the gender and denominational affiliation differences of depression and stress among Christian Clergies in Nigeria. Specifically, it sought to investigate how gender and denominational differences are seen in Catholic, Protestant and Pentecostal Clergies level of depression and stress in relation to power dynamics in psychopathology. The discussion follows the path of the analysis done and what was arrived at. Out of the six hypotheses, two were statistically significant while four were statistically not significant. Hence, it is recommended that Theologians, seminarians, should be taught the proper basis of what their job entails before they venture into it properly. This will enable them have the first hand information in preparedness for the experience. As this is done, some of the clergies who were not actually in to serve will find a way to making up their minds at a plastic stage to career change. So also, religious institutions should be able to make high consultations with medical institutions so as to get the relevant advice on how to resolve ill health and imbalance among their various clergies. Subsequently, it is postulated that there is a great need for clergy to have continuing education on pastoral counseling, encouraging clergy to set priority for themselves, receiving proper counseling on how to live a better life, proper self-care. For the clergy family, an orientation should be put across to enable them assist the clergy with some of the roles and reduce family stress on the clergy. The Pastorium should be able to bring in programmes such as child/family adjustment programmes, rebuilding social support mechanisms, and even appraisal policies to boost the clergy functioning.

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