

**„BABEȘ-BOLYAI” UNIVERSITY CLUJ-NAPOCA
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THESIS SUMMARY

**Indicators of Pastors' Health Status and Possible
Vulnerabilities due to Helper Syndrome,
Countertransference and Burnout**

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KEY WORDS

Clergy health, risks and vulnerabilities of the vocation of pastor, Helper Syndrome, countertransference, burnout, Unitarian ministers, empirical research

MOTIVATION OF THE RESEARCH

Part of the job description of ministers, pastors, priests, etc. is to be available and to try to help people in need. His/her task is to help (support, encourage, advise, comfort, etc.), which would be the fulfillment of the pastor's profession. In a broad sense the minister is a helper, a helping professional who forms a partnership with his or her parishoners and/or clients. In this relationship the appropriate professional knowledge — theologically and psychologically relevant information and methods — is complemented by personal involvement. The latter is also known from the gospel, which is one of the conditions of Jesus' discipleship, of the Christian way of life: to weep with the weepers, to rejoice with the rejoicing, to bear the burdens of the other person (because ultimately the "other" is ourselves). The number one condition for becoming a helper, a caregiver, is not theoretical learning, the acquisition of methods or techniques, but the willingness to kneel before one's unconditional dignity, which is also manifested in suffering, and allow ourselves to have these experiences transform our hearts.

In writing my doctoral dissertation, my aim was to examine the health status of pastors and to research the issue of well-being and burnout in ministry. To this end, I would also like to interpret the results of an extensive study, the practical benefits of which I see in improving the working conditions of church employees. I also make concrete proposals to increase institutional support. To the extent that this dissertation provides useful clues to humanly and effectively support the work of pastors, whether at the individual or institutional level, my effort to write it has not been in vain. However, I am also aware that the topic I have chosen and studied also touches uncomfortable issues, an example of which is the issue of professional deformation, which can also be a delicate topic, because it shakes the myth of the tireless and unbreakable minister. Furthermore, it may seem strange at first reading that psychology is given more space in my dissertation than theology. I choose this approach because, on the one hand, in the case of psychological theories, the examination of these and the associated critique carries less weight, than in the case of making an argument based on a specific theological framework, and on the other hand, I find it to be more useful from a practical point of view. For my part, this is not a

sacrifice, but a necessary theological “distance” that can make my dissertation interesting and useful for Reformed, Lutheran, or Roman Catholics and so on. to my colleagues as well. In any case, in discussing the topics of the dissertation, the biblical quotes, stories, and theological considerations come from the basic Christian values.

My work here stems from the realization that the role of pastor has changed radically over the past 30 years, the popular, ecclesiastical man preserving national identity is increasingly being replaced by a healer of spiritual wounds, a companion in crisis, an authentically whole person, who not only proclaims but lives the blessing of forgiving divine love for all. He/she is the person who can carry out his vocation humanely and with a pure heart. This is how I see the pastoral role in our churches. That’s why I chose this topic, and that’s why I consider it relevant.

STRUCTURE OF THE THESIS

The dissertation is divided in two large blocks, within which there are several parts, within which there are chapters. I have edited the voluminous material in order to make it more transparent (so that it can be a coherently logical read).

The first block identifies the factors of optimal health and well-being by theoretically determining the health status of pastors and presenting empirical studies. This first part opens with biblical teaching on health preservation and then contains a general definition and components of health status and in particular the factors influencing the health status of pastors: sources of stress associated with the pastoral profession, health threats, negative (e.g., professional deformation) and the pastoral constellation of external and internal factors that act positively (religious commitment). The section concludes with a discussion of psychohygienic standards and the question of the responsibility of the church institution for its ministers health.

Next, we examine the personality traits that predispose to the vulnerability of pastoral careers by briefly presenting the theory of helper syndrome, which can be classified into the broad spectrum of narcissistic disorder. This section opens with a discussion of biblical examples of pure altruistic motivation. While the first part (in addition to the definition of health status) depicted the risks of illness, here we discuss the reasons for the potentially distorted motivation among helpers, especially those in the pastoral profession, as concisely as possible. We approach the problem from the direction of analytical psychology. The definition of helper syndrome is followed by the identification of identifiable causes and motivators in the phenomenon, and finally the possibilities

of resolving the syndrome. This is followed by an analysis of a phenomenon that arises in the pastoral relationship, but is little known in pastoral circles: countertransference. This section begins with biblical descriptions of the phenomenon of reciprocity. An important issue is addressed by pastors on the subject of their resistance to countertransference. After drawing conclusions, I will make suggestions that can help the church, as an institution, to respond appropriately to the phenomenon.

In my dissertation, the threat of mental health due to burnout syndrome is given great emphasis. The biblical teaching on burnout opens the section on pastoral burnout, and then we map out the most important milestones from the first formulation of the concept and phenomenon (it was systematically studied in the last third of the last century, its characteristics were defined, its types were systematized in the literature). We will see that, as a result of empirical research and the efforts of Maslach et al., a reliable questionnaire has been developed to assess the risk of burnout. In discussing burnout, especially pastoral burnout, we discuss the tension between family and workplace expectations, as well as the environmental, workplace, and institutional (organizational) characteristics in general that increase the risk of burnout. After describing the symptoms of burnout and the outcome of the burnout process, we also address the issue of commitment, which is important for those who choose the pastoral profession. This section concludes with the issue of burnout prevention and treatment.

I have based the depth and scope of the discussion of the three phenomena on the principle of gradation: the presentation of helper syndrome is short, the pages devoted to the issue of countertransference are more numerous, as is the part dealing with the issue of burnout. The second block of the dissertation contains the interpretation of the results of the paper-and-pencil questionnaires filled in by the pastors of the Hungarian Unitarian Church, as well as the suggestions made in order to preserve the health status of the pastors - based on theoretical knowledge and the found results. My research, which is a comprehensive study covering the entire Hungarian Unitarian Church in Transylvania, is carried out by assessing the health status of the pastoral faculty, primarily mental health (mental hygiene). Thus, my dissertation will provide an survey on the health status of the pastorys, how it is worthwhile to include burnout prevention and intervention.

The questionnaires were completed by pastors at mandatory pastoral meetings organized in each district in May 2015: After I received church permission and support to conduct the survey, provided the questionnaires were strictly anonymous.

During the study, we wanted to get answers to questions such as e.g. how pastors perceive their own state of health and the extent to which subjective health is consistent with objective indicators of health and a health-conscious lifestyle, and how church size, marital status, and age affect life satisfaction, and the degree of risk of burnout, or how age determines the level of depression and life satisfaction among pastors. However, in addition to the research questions, the survey also has an exploratory purpose, with interest in virtually all contexts regarding pastors' health, well-being, life satisfaction, predisposition to depression, and risk factors for burnout.

FINAL CONCLUSIONS, OWN CONTRIBUTIONS AND LIMITS

Summarizing the conclusions that can be drawn from the examination of the hypotheses, we can state that with regard to the health status of the pastors:

- good sleep and enough rest is associated with low risk of burnout
- the subjectively assessed good health is associated with a low risk of burnout
- married pastors have a more positive mood, their emotional, behavioral, mental balance is better than of their unmarried colleagues
- belief in the meaning of life increases with age (even if we take into account the phenomenon of cognitive dissonance, the result is encouraging for the pastoral profession)
- life satisfaction of pastors serving in smaller (but not very small) congregations is higher than that of pastors in large and very small congregations (this result raises the question of whether and if there is a so-called optimal congregation size for one minister).

In addition to examining the hypothesis, the most important (and surprising) conclusion we have reached is that mental health disorder and increased risk of depression are associated with a belief in a higher sense of life, which is not ruled out to be a pastoral peculiarity.

Over the past decade, the number of pastors serving in Transylvania has remained largely unchanged, with 140 Unitarian pastors. In my study, we processed the questionnaires of 81 pastors. The ideal case would be to study the entire population, which is virtually impossible to implement if participation in the study is voluntary. 140/81 is a good enough ratio to draw conclusions.

A further limitation of the study may be that the questionnaire survey is still a novelty in our region, as well as in the Hungarian Unitarian Church. It is not excluded that not everyone paid enough attention to the questions and possible answers when filling in the questionnaires.

Finally, in the last decade and a half, the psychological questionnaires I used have not been used in Transylvania, nor in the HUC, so the results obtained cannot be compared e.g. with the results of the Hungarian adult population in Transylvania.

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