

Title

A STUDY OF HEALTH AND ILLNESS IN THE
EXPERIENCE OF CHURCH OF SCOTLAND MINISTERS
1930 - 1969

Author

HUGH ANGUS EADIE

VOLUME II

Doctor of Philosophy
University of Edinburgh
October 1970.



VOLUME II

CONTENTS

PART IV : THE MINISTRY AND HEALTH - PERSONAL SURVEY

| | page |
|--|-----------|
| <u>Chapter 11. Personal Survey: Conceptual and Technical Background</u> | 513 |
| Introduction | |
| 1. The Purpose of the Survey | 514 |
| 2. The Interview Method: Participant Observation | 518 |
| 3. Conduct of the Survey | 525 |
| 4. The Questionnaire-Interview | 535 |
| Questionnaire-Interview: Ministry and Health Edinburgh 1969 p. 543/554 | |
| 5. Response to the Survey | 542 |
| 6. The Interviewer's Role | 561 |
| <u>Chapter 12. Survey Population: Personal, Occupational, and Health History</u> | 567 |
| Introduction: Representative Sample | 567 |
| 1. Personal History: Identifying Data | 572 |
| 2. Occupational History | 581 |
| 3. General Health History | 591 |
| Summary | 604 |
| <u>Chapter 13. Dimensions of Experience: Physical, Intrapersonal, Interpersonal and Vocational</u> | 607 |
| Introduction | |
| 1. The Physical (Somatic) Dimension | 608 |
| 2. The Intrapersonal (Psychic) Dimension | 621 |
| 3. The Interpersonal (Social) Dimension | 630 |
| 4. The Vocational (Transcendental) Dimension | 642 |
| Summary | 647 |

PART V : CONCLUSIONS - THE HEALTH OF
CHURCH OF SCOTLAND CLERGY

page

| | | |
|--|--|-----------|
| <u>Chapter 14. Sources of Integration and Disintegration</u> | | 650 |
| Introduction | | |
| General Health Experience | | 650 |
| Sources of Stress and Disintegration | | 657 |
| (i) Existential-Ontological Distortion | | 658 |
| (ii) Freedom and Responsibility | | 659 |
| (iii) Holiness and Humanity | | 659 |
| (iv) Isolation and Intimacy | | 659 |
| A Guilt-Neurosis Syndrome? | | 660 |
| Future Research | | 661 |
| <u>Chapter 15. Theological Postscript: Self-Acceptance or</u> <u> Self-Destruction</u> | | 665 |
| Adam's Inability to Accept Himself | | 665 |
| For as in Adam all die | | 669 |
| ... even so, in Christ shall all be made alive | | 672 |
| <u>Appendices</u> | | |
| Appendix I | Abstracts of Research Findings concerning the Health, Neuroticism, and Personality Characteristics of Clergymen | 678 |
| Appendix II | General Tables | 687 |
| <u>Bibliography</u> | | 699 |

Tables and Figures

page

Part IV

Questionnaire-Interview: MINISTRY AND HEALTH,
EDINBURGH 1969 543-54

Personal

| | | |
|----------|---|-----|
| Table 44 | Survey-Population - Year of Ordination and Age Distribution | 568 |
| 45 | Survey Population - Type of Parish | 570 |
| 46 | Place in Family | 573 |
| 47 | Religious Background | 574 |
| 48 | Marital Status and Family of Procreation | 579 |

Occupational

| | | |
|----|---|-----|
| 49 | Vocational Motivation: Primary and Secondary Factors | 583 |
| 50 | Age at Ordination | 587 |
| 51 | Occupational Experience: Total Positions since Ordination | 589 |
| 52 | Number of Parishes and Years in Present Parish | 590 |

General Health

| | | |
|----|--|-----|
| 53 | Frequency of Visits for medical attention in preceding ten years | 592 |
| 54 | Periods of temporary incapacity since ordination | 594 |
| 55 | Principal Diseases, Disorders and Complaints | 596 |
| 56 | Mental, Psychoneurotic, and Personality Disorders | 600 |

Dimensions of Experience

| | | |
|----|--|-----|
| 57 | Smoking Habits | 611 |
| 58 | Consumption of Alcoholic Beverages | 612 |
| 59 | Attitudes toward Alcohol | 613 |
| 60 | Principal Causes of Temptation | 623 |
| 61 | Sources of Tension and Anxiety | 627 |
| 62 | Characteristic Modes of Relating | 634 |
| 63 | Obstacles and Frustrations to Effective Ministry | 644 |
| 64 | The Minister's Master-Role | 645 |

Appendix I: Abstracts of Research Findings

| | | |
|----------|---|-----|
| Table IA | Health Studies of Clergymen | 679 |
| Table IB | Studies of Neuroticism, Total Adjustment, Emotional Stability, and other Personality Characteristics of Clergymen | 684 |

Appendix II: General Tables

| | | |
|----------|--|-----|
| Table 2A | Church of Scotland Basic Statistics 1930-1969 | 688 |
| 2B | Scottish Male Life Expectation by Age 1861-1968 | 690 |
| 2C | Mortality Experience of Church of Scotland Clergy: Total Actual Deaths by Age 1920-1969 | 691 |
| 2D | Mortality Experience of Church of Scotland Clergy: Proportion of Deaths Occurring in Age Groups Expressed as a Percentage of Total Deaths | 693 |
| 2E | Mortality Experience of Roman Catholic Secular Clergy (Scotland), 1930-1965 | 694 |
| 2F | Comparative Mortality Ratios for Selected Occupational Orders and Groups compared with that of Scottish Male Population, 1930-1932 | 695 |
| 2G | Deaths of Males (14 years and over) for Selected Occupations and Showing Cause of Death, 1930-1932 | 696 |
| 2H | Comparative Mortality Ratios for Selected Occupational Orders and Groups compared with that of the Scottish Male Population, 1949-1953 | 697 |
| 2J | Deaths of Males (15 years and over) for Selected Occupations and showing Cause of Death, 1949-1953 | 698 |

PART IV

THE MINISTRY AND HEALTH - PERSONAL SURVEY

- Chapter 11. Personal Survey: Conceptual and Technical Background
- Chapter 12. Survey Population: Personal, Occupational, and Health History
- Chapter 13. Dimensions of Experience: Physical, Intrapersonal, Interpersonal, and Vocational

CHAPTER 11

PERSONAL SURVEY: CONCEPTUAL AND TECHNICAL BACKGROUND

"The study of the experience of others is based on inferences that I make, from my experience of you experiencing me, about how you are experiencing me experiencing you experiencing me

Social phenomenology is the science of my own and of the other's experience. It is concerned with the relation between my experience of you and your experience of me. That is, with inter-experience".⁽¹⁾

This view, expressed by the Scottish psychiatrist R.D. Laing, sums up the fundamental conceptual orientation of the personal survey which comprises the third phase of the research project reported here. The purpose of the survey was to investigate the total pattern of experience of active parish ministers, in so far as their experience reveals processes of health and illness.

To this stage our consideration of health and illness in the experience of Church of Scotland ministers has been impersonal and has been concerned with external and symptomatic phenomena. In the first phase we considered some of the basic structures of the life-style of Church of Scotland ministers, particularly as this is exemplified by four parish ministers. The first phase directed attention, in descriptive terms, to the minister's world and established the context or 'field' within which their experiences of health and illness could be properly investigated and understood. Then, in the second phase we have established the effects of being a minister on the individual's experience of health. For the purposes of constructing relatively precise, empirical foundations, we have considered the experience of this group of ministers from an impersonal, statistical point of view.

(1) R.D. Laing (1967), op.cit., p. 17.

It has been possible to make some inferences about the health experience of these ministers from these observations and facts. However, behind these general observations and precise statistics there are individual ministers with living experience. The statistics, valuable and necessary though they may be, are after all only the result of the sum total of personal experiences. The third and final phase of this project aimed to identify and gain insight into the experiences of active ministers which eventually express themselves in morbidity and mortality, and a personal survey was undertaken for this purpose.

1. The Purpose of the Survey

The aim of the survey was to investigate and to describe the personal experience of parish ministers in so far as it reveals processes of integration or disintegration in any dimension of their existence. It was hoped that it would be possible to uncover and to describe the physical, intrapersonal, interpersonal, and vocational processes contributing to wholeness or fragmentation in the personal experience of parish ministers. Also, it was expected that it would be possible to identify any significant changes in the pattern of such processes by comparing the experience of ministers of different age groups and from different types of parish situation. In conception, the survey was designed to be personal and holistic; it was to be principally concerned with experience as distinct from behaviour: and it was to take account of subjective moods and states as well as objective facts and events. The focus of attention throughout the survey, therefore, was to be the personal experience of parish ministers with a view to laying bare their characteristic patterns of living so as to gain insight into the dynamics of integration and disintegration in their existence.

It could be argued that every life experience can have a bearing on the individual person's health. It was recognized, at the outset, that boundaries would have to be set if the survey was not to be so diffuse and uncontrollable that it would have little value as research. It is obviously not possible to explore every experience except, perhaps, in a long-term therapeutic relationship, which was not feasible in this context. Moreover, it was neither desirable nor necessary to undertake such a wide-ranging investigation in order to fulfil the fundamental purpose of this survey. Some discrimination and selectivity had to be exercised to determine those areas of experience most appropriate to this inquiry.

The fundamental purpose of the survey was diagnostic. It was designed, as stated, to identify and diagnose processes of integration and disintegration, and this essentially diagnostic purpose inevitably imposes some limits on the field of inquiry. It was necessarily confined to those areas which would adequately and readily facilitate diagnosis of processes of health and illness in each dimension of the minister's being. To achieve this purpose, the five basic diagnostic criteria proposed in considering the nature and meaning of health⁽¹⁾ have been applied.

In this view, health and illness can only be understood in terms of "the multidimensional unity of life" (Cf. P. Tillich). Health and illness are not absolute conditions or states; rather, they are dynamic and often ambiguous expressions of the person's whole existence. They can therefore only be considered in terms of the unity and integrity of the unique person and the inseparable and distinctive relation between the person and his world. This unity of the whole person is an indisputable, observable existential phenomenon. Health, then,

(1) q.v. Part I: Chapter 3.

refers to any happening or experience or process which serves to integrate and fulfil that essential unity; disease is any happening or experience or process which serves to disrupt, fragment, and disintegrate that unity. This is the fundamental diagnostic criterion applied throughout this project: health and illness are expressions of the totality of the person's being-in-the-world in all its dimensions.

However, a person is not a simple monad. Personal existence is multidimensional rather than monolithic. These "dimensions" are all aspects of the same unity, the person, and cannot be absolutely separated or isolated; but, in the interests of a reasonable measure of precision, some conceptualization is necessary for diagnostic purposes.

In dimensional terms, the first criterion of health is that of harmonious physiological function or of biological affirmation. The survey therefore aimed to investigate harmonious and disruptive processes in the physical (or somatic) dimension of ministers' experience. A number of questions have been posed: what is their experience of physical health and illness? How do these ministers satisfy individual physical needs, such as the need for exercise, relaxation and sleep, and sexual gratification? What is their attitude to such needs? What personal habits or practices do ministers practice which may be beneficial or detrimental to their physical well-being? In what ways, if any, do occupational experiences and activities affect their physical health?

In the second place, at an intrapersonal level, health is characterized by self-integration and individualization. The healthy person is centred, integrated, and individuated, without being self-absorbed. This inquiry was to be directed to exploring the intrapersonal (or psychic) dimension of ministers' existence by asking: What is their experience of personal integration and diffusion? Do they have a sense

of their own uniqueness, worth, and identity? Do they tend to be individuated or individualistic? What is their experience of mental, emotional and personal integration and disruption? What are the principal sources of anxiety, frustration, and tension in their experience and, conversely, what are their chief sources of satisfaction and inner-security? And how do occupational experiences affect the intrapersonal dimension of their existence?

Thirdly, the integrated person is not self-absorbed, but is able to move out through self-creation to engage in satisfying and mature interpersonal and social relationship and is able to use his resources responsibly and creatively. In particular, a capacity to participate in intimate and satisfying interpersonal relationships is constitutive for health. Therefore, the survey was designed to investigate the interpersonal (or social) dimension of these ministers' experience. How do ministers relate to others? Do they tend to be related or isolated? What is their experience of intimacy and relationships, and, conversely, what is their experience of self-absorption and isolation? How do occupational conditions, professional role and status impinge on their interpersonal relationships?

Fourthly, the survey aimed to consider the vocational (or self-transcendental) dimension of ministers' experience. It has been maintained that faith or ultimate concern, embracing a sense of meaning and purpose, provides a unifying focal-point for human existence and unifies the process of individualization and participation and that, therefore, ultimate concern and a sense of meaning are constitutive for health and integration. In the process of self-transcendence, the person goes beyond himself to discover a centre and meaning to life and in this process discovers a unique sense of meaning for his existence. Does the minister, then, have a centre to his life beyond himself?

Does he have a sense of meaningfulness or of emptiness and despair? Is he at home in the world and creation or is he disorientated and adrift? Does he have realistic, attainable goals and a clear set of values? How do occupational and vocational attitudes affect the minister's sense of purpose and meaning?

Broadly stated, these are the areas of experience to which the personal survey was directed and which delineated the field of inquiry. The fundamental principles and assumptions intrinsic to the conceptual framework of this research project are elaborated in detail elsewhere,⁽¹⁾ but these are the basic diagnostic criteria applied for the purposes of the personal survey.

2. THE INTERVIEW METHOD: PARTICIPANT-OBSERVATION

After careful consideration, it was decided that the most appropriate and, probably, the most effective way of achieving the survey's purpose was to personally interview each informant using a carefully designed, structured-interview format. There were a number of reasons for this decision.

It has been stressed that the survey was intended to investigate the experience of parish ministers rather than observing and recording their behaviour. But how can one study the experience of another? The problem has been expressed by R.D. Laing:

"Experience as invisibility of man to man is at the same time more than anything. Only experience is evident. Experience is the only evidence....."

If, however, experience is evidence, how can one ever study the experiences of the other? For the experience of the other is not evident to me, as it is not and never can be an experience of mine....."⁽²⁾

That is the dilemma. The same writer, in answer to his own question,

(1) q.v. Part I: Chapter 3.

(2) R.D. Laing (1967), op.cit., p. 16.

goes on to suggest that experience can only be understood in the context of a shared personal experience, that is, in the context of a relationship.⁽¹⁾ Experience, in its very nature, cannot be studied from outside by detached, objective observation. Experience is not accessible to the detached observer. It was, therefore, decided that the most appropriate way of studying the experience of parish ministers would be to interview them personally.

Communication appeared to be essential. If anything was to be learnt of the experience of this group of men then communication between individual ministers and the investigator was essential and this could be best facilitated by employing an interview method. Whatever dangers might be inherent in such a method, it had to be attempted if the aim was to be realized. To quote Frieda Fromm-Reichmann:

"There is no way to know about human personality other than by means of what one person conveys to another, that is, in terms of his relationship with him".⁽²⁾

To gain insight into their experience, the investigator would be dependent upon the willingness and freedom of individual ministers to disclose themselves and it was considered that this could best be achieved through interviews in which the investigator was involved as both participant and observer, that is, as a "participant-observer" (Cf. H.S. Sullivan).

So the fundamental reason for adopting this method was the conviction that the experience of others can only be studied and understood through participant-observation in relationship with the other and by means of what the other is able and prepared to disclose in that framework.

(1) R.D. Laing (1967), *op.cit.*, p. 16.

(2) F. Fromm-Reichmann (1950), *op.cit.*, p. xiv.

Then, acknowledging dependence on the other's communications, the freedom and openness of interpersonal communication may be enhanced by employing an interview method. In view of the intimate and personal nature of this inquiry it was necessary to give careful consideration to the ways in which such freedom could be achieved and maximized. In any dialogue, whether therapeutic or social, there is bound to be a measure of answering and not answering, of concealing and withholding. One could expect omissions, distortions, and additions. In a technical interview, conducted for a specific purpose, it is then the interviewer's responsibility to exercise those skills and to employ those procedures which will minimize such devices, whether conscious or unconscious, and which will enrich the quality of the interpersonal transactions. Of course, no interviewer is infallible, but he does have skills and procedures available to him.

One important task for the interviewer is to establish rapport with the individual interviewee. In this case, the interviewer was faced with the problem of establishing rapport with a large number of individual ministers in a relatively short period of time, quite unlike a therapeutic situation. It is impossible to measure or evaluate rapport, except on a subjective basis, but some steps can be taken to foster an atmosphere of confidence and mutuality, even if the interviewer has little time at his disposal. This quality is promoted in an interview situation by allaying any anxiety which the interviewee may have with regard to the interview, through establishing a secure framework guaranteeing confidentiality and anonymity, through developing a shared sense of purpose which is relevant and meaningful to both participants, and through the growth of mutual trust and respect. Obviously rapport is highly subjective and personal and cannot be

manufactured at will. But rapport is essential if the informant is to be at ease and to communicate freely, and it will be enhanced if these factors are present.

Another procedure which serves to enhance the quality of communication is that of 'reflection'. This is a semi-technical expression which refers to the interviewer's ability to identify and to reflect the other's emotional state and subjective processes. If the interviewer is to foster a free flow of communication it is vital that he should be sensitive to the interviewee's feelings and moods. Such feelings may then be reflected back to the interviewee by the interviewer (e.g. "That must have made you intensely angry", or "You evidently derived great satisfaction from that experience", or "It sounds as though that was very frustrating for you"). This important technique serves to throw the interviewee back on his own experiences and the emotions associated with them and is also an expression of the interviewer's interest and understanding. Above all, it focusses attention on the informant's own experience.

Yet another important interview technique is the effective use of probes in order to gain additional information or to clarify inadequate responses. The interviewer has to be alert for partial, irrelevant, or inaccurate responses and is then able to probe for a more adequate response and to determine whether his interpretation of the response is correct. Moreover, an interview situation allows sufficient flexibility to expand on any area of experience which may have particular significance for the informant. H.S. Sullivan advised that the interviewer should always have one question foremost in his mind: "Could that mean anything except what occurs to me?" The effective use of probes enables the interviewer to discover what is really meant.

Without discussing interviewing techniques at length, this was the second reason for employing an interview method: to enhance the freedom and quality of communication between the investigator and individual informants. Rapport may be fostered within the conditions of an interpersonal interview, informants can be thrown back on their own experiences and emotions by means of reflection, and probing questions and statements can be used to expand responses and to achieve clarity.

Third, an interview method was adopted in the interests of spontaneity. Informants would have little opportunity to give careful consideration to their responses in such a situation, which would serve to reduce the possibility of secondary elaboration. Responses would necessarily be immediate and relatively spontaneous, although the degree of spontaneity would be contingent upon the interviewer's success or failure in establishing rapport, alleviating anxiety, and providing adequate guarantees of confidentiality.

Then, fourthly, it was considered that an indirect, impersonal method was less likely to be effective and would probably receive an inadequate response from Church of Scotland ministers. This was a most important consideration. For example, the possibility of employing a Questionnaire was carefully weighed-up and appeared to have much to commend it.⁽¹⁾ However, the advantages of such a procedure were

- (1) As an alternative to an interview method, the use of a Questionnaire distributed by mail appears to have a number of advantages. A questionnaire format could achieve a degree of exactness not possible in an interview and could provide data readily amenable to computer analysis. From a practical point of view, it would be easier to administer, and could be administered to a large population in a relatively short time. This procedure also eliminates the complexities of interpersonal relationships between an investigator and his informants and presumably would be more 'objective'. However, it was estimated that this method, despite its more obvious attractions, would not adequately achieve the declared purpose of the survey and that it would receive a less than adequate response. Moreover, the use of a questionnaire does not in fact eliminate the relationship between the investigator and his subjects; it simply changes the quality of the relationship so that all transactions are made on an impersonal basis, which is not necessarily more objective.

outweighed by the fact that Questionnaire methods have often proven ineffective, in terms of response, when administered to groups of clergymen. The use of this kind of procedure in studies of clergymen has received a mixed response, but it has generally been negative. It was thought probable that few ministers would be prepared to reveal information of a personal and intimate nature in response to an unknown investigator approaching them indirectly. This expectation was not simply based on intuitive guesswork. Other studies of ministers in Scotland have received inadequate responses to impersonal, indirect procedures, which will be illustrated in discussing the response to the survey later in the chapter. Furthermore, this study was concerned with information of a particularly intimate nature and so some reticence and resistance could reasonably be expected, and it was considered that a personal method would effectively reduce such reticence.

Finally, despite the dangers and difficulties inherent in a personal approach, it was considered that sufficient safeguards could be taken to ensure a reasonable balance between subjectivity and objectivity. This study was concerned with subjective states, moods, and emotions as important components of personal experience. But this does not mean that the survey would be 'merely' subjective. It was obviously desirable to employ a method which would allow informants sufficient latitude to unfold and disclose themselves and their experiences. At the same time, some restrictions were inevitable if the survey was to elicit manageable and relevant information. One way of achieving this would be to design a structured-interview format, which would circumscribe the areas of experience to be explored and which would enable the interviewer to exercise a measure of control over the interview situation. A wide-ranging and undisciplined interview method was clearly undesirable and inappropriate. However, in employing a

structured-interview, the onus for careful, detailed, and unbiased observation rested on the interviewer. For this reason it was important that the investigator should be aware of his own assumptions, expectations, and values, and that he should be conscious of his own reactions in the interview situation. The problem has been summed-up by Anthony Storr:

"It is ... important for the psychotherapist to be as aware as possible of his own basic beliefs; for, although he may never attain objectivity, he will certainly fall even further short of this goal if he is unaware of the assumptions from which he is proceeding".⁽¹⁾

This holds true for the interviewer whether he is involved in a therapeutic context, or responsible for personnel selection, or whether he is conducting a technical interview for the purposes of research. Therefore, the responsibility for careful and detailed observation rested on the investigator as an active participant in each individual situation.

These, then, were the principal reasons for undertaking a personal survey of Church of Scotland ministers employing a structured-interview method. However, this method was not adopted without appreciation of its limitations and potential dangers. An inquiry of this kind could not achieve the degree of exactness which could be expected of an experimental design or of a more tightly structured questionnaire method. As diagnostic inquiry such precision was not expected. An interview situation is extremely complex and involves an intricate pattern of responses and interactions between two persons, which inevitably introduces a subjective dimension. It would be misguided to suppose that the one who is observed could remain unaffected by such scrutiny or that the observer could remain totally unaffected or

(1) A. Storr (1960), op.cit., p. 11.

detached in such an encounter. This danger was recognized, but it was considered that the possibility of relatively free self-disclosure would be increased by employing a personal method of this kind. Moreover, as noted, it was recognized that the burden of responsibility for accurate observation and recording rested solely upon the investigator. However, the dangers and difficulties involved could be reduced by utilizing a standard, structured interview format seeking specific information and confining the area of inquiry. Yet another limitation was the fact that an inquiry of this kind can only operate at the level of the informants' conscious self-awareness. Although the interviewer could use probes, reflection, and questions to unfold unconscious processes and motives, this was likely to be minimal.

These limitations and the technical problems involved were recognized at the outset. Nevertheless, it was considered that the advantages of adopting a structured-interview method outweighed the disadvantages.

3. CONDUCT OF THE SURVEY

The personal survey, designed as the third phase of this programme with a view to exploring the personal experience of Church of Scotland parish ministers, was conducted in the six month period between March and August 1969. During this period a representative sample of 98 active parish ministers was approached and of these 85 were interviewed. Selection. The first step was the selection of a representative sample of active parish ministers. Potential informants were selected from the list of ministers in the Church of Scotland Year Book for 1969. Selection was based on two criteria: the minister's age, to represent various age groups of ministers ordained since 1930, and the type of

parish occupied by the minister, in order to represent diverse parish situations.

The first criterion was the informant's age, which could be roughly determined by the informant's year of ordination recorded in the Year Book. In this way it was possible to represent each age group of those ordained or admitted to the ministry since 1930. Any minister ordained prior to 1930 was not considered, which imposed a ceiling age of 64/65 years. This was done because it was considered that those in older age groups would become less representative of their age group. They could only represent the rather exclusive group of survivors in age groups over 65 years.

Selection was made, in the second instance, on the basis of the nature of the minister's parish with the intention of representing urban, large burghs, country town, and rural parishes. In making this selection, these categories were further sub-divided. For instance, the urban category was sub-divided to include inner-city areas, established residential suburbs, new housing developments, and combined residential-industrial areas. Landward areas, similarly, included mining, fishing, and rural villages and communities. The intention was to select a sample which would represent a broad cross-section of parish types.

There is always the possibility of bias in making the selection personally. But, in fact, the investigator had no prior acquaintance with or knowledge of these ministers. The only information available in the Year Book was each individual's year of ordination, year of induction to his current charge, annual stipend, and some basic congregational details. In all other respects potential informants were unknown quantities as far as the investigator was concerned. It

was only after selection had been made that the "Fasti"⁽¹⁾ was consulted in order to establish other basic information.

For purely practical reasons, one limitation was imposed on selection which reduced the representativeness of the sample in important respects. The survey was confined to the area sometimes referred to as "the central lowlands" or as "the central industrial belt", which roughly extends over the area between the Clyde, Forth, and Tay valley areas between Glasgow, Edinburgh, and Dundee. This is the area of highest population density, with in excess of one third of the total population of Scotland. Also, almost one half of the Church's parishes are in this area. This restriction was simply necessitated by the limited financial resources available and by the practical difficulties of interviewing over a wider geographical area. It means, however, that ministers in the more remote Highland, Island, and Border parishes have not been represented. This is not a serious drawback when one considers the geographical mobility of these ministers, but it may be that the findings of the survey are not applicable to those ministers who spend a life-time in these areas.

Letter of Introduction. The 98 parish ministers selected as potential informants then received a letter of introduction (following) sent from the appropriate University department. The letter introduced the investigator, briefly explained the purpose of the survey, and requested the informant's assistance.

(1) The Fasti Ecclesiae Scoticae, Vol. IX (ed. J.A. Lamb, 1961), op.cit.

Dear

I would like to introduce Rev. Hugh Eadie, an ordained minister of the Presbyterian Church of Australia, to you.

Mr. Eadie is conducting research on the health of ministers for an advanced degree in my department, and would very much appreciate the opportunity of interviewing you if that were possible. We believe that this research will be of great value to individual ministers, and that it could serve to bring the issue of the care of ministers before the Church. Of course, very careful precautions are being taken to ensure the anonymity and confidentiality of those who contribute to this research.

I understand that Mr. Eadie will contact you personally in the next week to request the opportunity of an interview with you. We hope that you may be able to give him this time and that you will feel free to give him your support and assistance.

Yours sincerely,

James C. Blackie

Professor of Christian Ethics & Practical Theology.

Initial Contact. The investigator subsequently contacted potential participants personally, usually by telephone, introduced himself and requested an opportunity to interview the minister concerned at a convenient time and place. This was done in a direct and simple fashion: "My name is Mr. Eadie and I believe you have received a note from Professor Blackie to explain my call. Very simply, I am conducting a study of health and illness in the experience of Church of Scotland ministers. At present I am interviewing a number of men in all age groups and in different kinds of parish, and wonder whether you would be able to give me time for this purpose". If the minister agreed to participate it was explained that it would probably take one and a half hours or a little more, and an appointment made for a time and place best suited to the informant.

When a contact expressed immediate unwillingness, which was unusual, then this was accepted without hesitation. However, if a minister hesitated and asked for further clarification of the purpose of the survey or of the precautions to ensure anonymity or of the supervision of the research, then the point in question was simply explained. However, the content of the interview as such was not discussed, nor was any conscious attempt made to influence the informant's decision. In fact, the question of sponsorship was raised by a number of contacts, who usually agreed to participate when it was explained that the survey was in no way subject to the supervision of any Church court or department.

Interviewing Procedure. The interviews were usually conducted in the minister's own home, in the study or lounge, which provided a valuable opportunity to observe the conditions of the minister's home-life. On several occasions the interviewer had opportunity to meet the minister's wife. On five occasions interviews were conducted in the minister's vestry.

After initial introductions, the preliminaries included a brief explanation of the research programme as a whole and of the place of the survey in it. This explanation was deliberately non-specific and generalized. Being conversational, it varied slightly according to circumstances.

"As you are aware, I am conducting a study of health and illness in the experience of Church of Scotland ministers, and I appreciate this opportunity of interviewing you personally for this purpose.

My chief interest is the whole pattern of ministers' lives and the ways in which this influences his health. For this purpose, as I suggested on the phone, I am at present interviewing a number of ministers in all age groups and in all kinds of parishes. This personal survey is in fact the third stage of a lengthy programme.

As far as the interview is concerned, it follows a number of particular questions, covering a very wide area. My chief interest

is in your own personal experiences, particularly as these may be related to your health. Obviously, if there is any question you feel unable to answer then that will be respected. Or if any question is too vague, do not hesitate to say so.

Before we begin is there anything you would like clarified?"

Then if the interviewee had any questions about the purpose of the survey, about sponsorship of the research, about selection of the sample, or even about the investigator's qualifications, these were answered as simply as possible.

The preliminaries also included the assurance of confidentiality and the investigator took the unusual step of undertaking to observe special conditions in this respect. Each informant was given a declaration stating these conditions for safeguarding their anonymity and signed by the investigator.

DECLARATION

This statement is to declare that
has kindly acted as an informant in a personal survey of health and illness in the experience of Church of Scotland ministers conducted by myself, Hugh Angus Eadie, under the auspices of New College, Edinburgh University.

I, HUGH ANGUS EADIE, the investigator in this research, undertake to observe the following conditions, and declare that strict confidentiality will be carefully observed in the conduct of this survey;

that each personal file will be identified by a code number known only to the investigator and that each file will contain no personal data by which the informant may be identified;

that the investigator alone will have access to such personal files and that they will remain in his sole possession until completion of the survey;

that on completion of the investigation his personal file will be returned to the informant to dispose of as he wishes, or left in the keeping of the Edinburgh University Court to aid further research;

that the completed thesis documenting the results of the research will contain no identifiable personal data and that precautions will be taken to ensure the anonymity of all informants;

that a complete copy of the thesis only will be made available in the New College Library for scrutiny by informants if they so desire.

Signed:

Rev. H. A. Eadie

Date:

This may seem to be unduly cautious. However, in view of the intimate and personal nature of the survey and in view of a parish minister's exposed public position, it was considered that adequate provisions for ensuring confidentiality were of fundamental importance. As it eventuated, this proved to be a crucial factor in determining the freedom with which ministers responded to the interview.

There were important reasons for taking the unusual steps of offering an explanation of purpose and of taking special precautions to ensure strict confidentiality.

With regard to the explanation of purpose, it is usually held that an informant's expressed attitudes may be markedly affected by what he thinks is the object of the inquiry and that discussion of its purposes is likely to prejudice the given responses. The assumption is that informants will be influenced in one way or another, negatively or positively, consciously or unconsciously, by what they perceive to be the interviewer's expectations. Certainly this is a danger. However, the investigator conducted every interview personally and, as far as is humanly possible, entered each interview situation free of expectations. Here an important distinction should be drawn between expectations and purpose. A purpose was stated but no expectations were imposed on informants. Care was taken to avoid leading or loaded

questions. There was no hint of there being a right answer to any particular question. Throughout, attention was focussed on the personal experience, attitudes, and feelings of the individual minister, and the interviewer was open to any response which might be given. From a negative point of view, it was considered that sufficient precautions were taken to avoid the danger of loaded responses which would simply reflect a vaguely perceived set of expectations.

Positively, there were two reasons for offering an explanation of purpose. First, it would contribute to the establishment of rapport. The fact that the interviewer and informants could share a common sense of purpose which was meaningful, relevant, and useful was important in establishing such an atmosphere. A purpose was established with which both the investigator and his informants could identify and in which they could wholeheartedly participate. Then, secondly, having a meaningful purpose is vital to motivation. This is true in many fields of human endeavour, as in education or in psychotherapy. For instance, if psychotherapeutic procedure is to be effective then it is vital that the patient should see some purpose in the procedure. This principle was applied to the conduct of this survey. It was considered important that those ministers who contributed should be able to see some reason for participating in an intimate and personal inquiry and that they should be assured that they were not simply the objects of scientific curiosity. Furthermore, quite apart from questions of rapport and motivation, the investigator also held the view that this was a matter of integrity. Perhaps each of these points could be disputed. However, it was basic to the investigator's attitudes that these ministers were entitled to know the purpose of the survey if they were to be asked to contribute

personal and intimate information.⁽¹⁾

The point is that each minister was given a brief explanation of the purpose of the survey and each was given the opportunity to ask more about this if they wished. But this fact should not be exaggerated. The explanation was brief, to the point, and without unnecessary elaboration. This occupied a few minutes at most. Also, the interviewer entered into no discussion about the content or structure of the interview proper.

The reasons for taking particular precautions with regard to confidentiality were basically the same. Ideally, it should suffice to give a brief and definite assurance of confidentiality and which should then be accepted and observed as a fact of professional ethics. However, in the initial planning, it was calculated that special precautions were necessary in this case. Again, adequate assurances of confidentiality contribute to the growth of rapport and serve to set the interviewee at ease. That is self-evident. The problem is as to what constitutes adequacy, and it was considered better to err on the side of over-caution rather than to leave any hint of doubt or suspicion in this respect. Then this step was also related to motivation and security. It was important to establish a basis for mutual respect and trust and to create an atmosphere of absolute security right at the outset. This procedure would serve to alleviate any anxiety the

(1) The attention given here to questions of purpose, rapport, motivation, and integrity probably betrays some of the investigator's initial anxiety. At the outset, the author certainly expected some resistance and possibly some hostility to the survey. Rightly or wrongly, the author anticipated that quite a number of ministers would be reluctant to engage in an inquiry of this kind. This anticipatory anxiety was partially based on a purely subjective evaluation but it was also based on the fact that other inquiries, much less personal in nature, have received disappointing responses in recent years. Hence, very careful consideration was given to these questions of purpose, rapport, motivation, and confidentiality. As it eventuated, the response to the survey was remarkably positive. This could mean that the author's anticipatory anxiety was misplaced or else that the precautions taken on these points were effective.

interviewee might have with regard to any personal information he would wish to disclose and would serve to allay any suspicions about the eventual use of such material.

As it eventuated, these unusual precautions proved to be of great importance and contributed to the freedom with which ministers responded. In particular, it proved to be most important that the programme was not being sponsored by any ecclesiastical authority or committee and that access to the material was strictly limited. These points will be discussed in considering the response to the survey.

These preliminaries usually occupied up to ten minutes and the interview then proceeded. Interviews varied appreciably in duration, from $1\frac{1}{2}$ hours to 3 hours. Most frequently the actual interview time was close to 2 hours. If the time taken was more than this, as it did on 15 occasions, it was usually due to inevitable interruptions from phone calls or visitors to the Manse. A few particularly long interviews were due to digressions and lengthy responses by the informant. In one case the interview took 3 hours. On five occasions interviews were strictly limited to $1\frac{1}{2}$ hours because the minister had pressing engagements which demanded immediate attention. Not infrequently interviews were divided into two periods to allow time for morning or afternoon tea; and, although this practice extended the total time, it provided a valuable and necessary break in a sustained interview. Allowing time for inevitable interruptions and a tea break, the interviewer spent anything from three to four hours with individual ministers, except in those few cases when time was limited.

None of those interviewed objected to the time involved. Apparently, most informants had planned their programme in such a way

that the entire morning or afternoon was available for the interview. Management. The management of appointments presented some practical problems. It was necessary to construct a flexible interview programme which tended to prolong the conduct of the survey. It was only possible to arrange appointments from week to week in order to make provision for postponed appointments which inevitably occurred from time to time. It is in the nature of the minister's job that he must operate a flexible programme in order to meet needs as they arise and this meant that any appointment was tentative. On seven occasions ministers contacted the interviewer to postpone the arrangement because a pastoral or administrative duty had arisen at short notice. On a further four occasions it was necessary to return to complete interviews because ministers had to attend to such duties and it was found that the time available was insufficient to complete the interview in one session. Twice the interviewer arrived for the appointment to find that the minister had been called out at short notice and had been unable to keep the engagement. In order to meet such contingencies, it was necessary to have a reasonably open and flexible programme. Allowance also had to be made for those contacts who were not immediately available as they were to attend conferences or were due for annual holidays.

At the completion of the interview the informant was asked if he had any preference with regard to the disposal of his particular file. The alternatives being that the file could be returned to the informant, or destroyed by the investigator, or that it could be left with an appropriate university body as a possible aid to future research. In the latter instance any names and identifiable personal details would be deleted.

4. THE QUESTIONNAIRE-INTERVIEW

A Questionnaire-Interview format was designed by the investigator explicitly for the purposes of this survey. This provided a standard

structure for each interview. The responses were to be recorded by the interviewer himself.

Construction

Initially the possibility of employing another questionnaire, which had been designed and tested in other research projects, was seriously considered. However, a thorough search for such a suitable questionnaire was fruitless. No questionnaire was available which would fulfil the stated purposes of this particular project. Nevertheless, medical, psychiatric, and sociological questionnaires were used as guides in constructing a format which would be appropriate and effective.⁽¹⁾

The initial form of the questionnaire was designed on an a priori basis. This involved both theoretical and practical considerations, which were consistent with the declared purpose of the project.

First, an holistic orientation, one which assumes the fundamental priority of the whole person, is basic to the conceptual framework of the project and demanded that the questionnaire should be designed to satisfy the need for detailed historicity.

But, secondly, some selectivity and systematization was necessary if relevant and manageable information was to be accumulated. Selection and systematization was based upon the diagnostic criteria already discussed at length. The questionnaire was to focus on relevant aspects

(1) Staff members of the Department of Social Medicine, Edinburgh University, were particularly helpful in this regard. But they were unable to suggest an existing questionnaire which would achieve the purpose of this survey. This is not surprising in view of the unique nature of this study and in view of the fact that related research has usually been directed to specific and limited aspects of health. The only possibility available was the use of appropriate items and scales from the Minnesota Multiphasic Personality Inventory (M.M.P.I.), which includes a large number of clinical scales in addition to psychological variables. However, for the reasons stated, the author decided to opt for the use of a questionnaire format designed explicitly for the purposes of this particular survey.

of the physical, intrapersonal, interpersonal, and transcendental experiences of ministers. Relevance was decided in terms of whether any particular question or set of questions would facilitate diagnosis of health in any of these dimensions of the minister's experience.

Then, thirdly, the structure and questions were based upon what was already known of the conditions of the life of Church of Scotland ministers established in the preceding phases of the programme. The survey was designed to add to that knowledge and to clarify problems associated with health which had emerged in the course of accumulating such information.

The fourth consideration was to design a questionnaire which would elicit adequate and relevant information without prejudicing the responses given by individual ministers. It was necessary to estimate the likely response of ministers to particular forms of questions. Initially this was done simply on the basis of the investigator's personal experience in working with ministers. But the precaution was taken of testing these informed hunches. The responses of five ministers to a selection of more intimate questions were tested using open and closed, direct and indirect forms. These men, who were subsequently omitted from the sample population, were asked to evaluate their own reactions and they were also asked how they thought colleagues would respond to these question forms. This small, unsophisticated test was used in designing the initial format.

The Structure

On the basis of these assumptions, a preliminary questionnaire structure was designed which it was thought would fulfil the purpose of the survey. The end result was a five part structure, in which each

component was designed to explore one aspect of the ministers' total experience.

Part I: Personal Data. The object of the first part was simply to establish basic background information by which the individual could be identified. As well as providing necessary identifying data, this introductory section would focus attention on the interviewee as a unique person from the outset. In fact, in many instances it was possible to acquire some of this information prior to the interview and all that was required was the subject's confirmation.⁽¹⁾

Part II: Medical History and Data. The second part was designed to construct a simplified but comprehensive picture of the subject's health record. This would establish facts about the kinds and frequency of illness experienced by the individual, and would provide valuable additional information about the morbidity experience of ministers. It was also hoped that it would be possible to acquire any significant information about the subject's family health history, although this would be general in nature and there was no certainty that it would yield relevant or useful material.

Part III: Occupational History and Data. The object of the third part was to obtain a detailed record of the subject's occupational history and to investigate some of his basic attitudes and feelings

(1) 'The Fasti Ecclesiae Scoticanæ', Vol. IX (ed. J.A. Lamb, 1961), op.cit., provides useful background information for every Church of Scotland minister ordained from 1929 to 1954. This meant that, once a minister had been selected and had agreed to being interviewed, the Fasti could be consulted and some basic background information established prior to the interview. For instance, it was possible to establish the minister's age, educational background, marital status and number of children, wife's age, year of ordination, number of parishes, and types of appointments held during his career. Having such information appreciably reduced the time devoted to these subjects in the course of the interview, but it was only available for those ordained before 1954.

toward his occupation as a minister. In particular it was concerned with his conscious motives for entering the ministry, his definition of his vocation and its goals, and with feelings of satisfaction, enjoyment, frustration, and inadequacy associated with his work.

Part IV: Social and Interpersonal History. This segment was designed to elicit information about the subject's interpersonal attitudes and experiences. It was concerned with family, social, and professional relationships, in an attempt to construct the total pattern of the subject's personal relationships, that is, the individual's interpersonal 'power-structure'. It also aimed to establish the pattern of his social and recreational interests and activities.

Part V: Habits, Practices, Attitudes. The final section covered a wide-range of subjects, but they tend to fall into three groups. One group of questions is concerned with personal standards and habits, especially those connected with exercise and physical activity, smoking, drinking, eating and diet, hours of work and types of functions, sleep and relaxation, sexuality. Another group of questions is concerned with intrapersonal factors and experiences, such as anxiety and its sources, fatigue and its causes, hostility, temptation, and sense of purpose. Then there are questions related to the sources of help available to the minister.

This structure was based upon a simple conceptualization which allowed some distinction between each of these dimensions of the person's life. But these dimensions obviously overlap at many points and, therefore, rigid compartmentalization was not possible. In each section physical, intrapersonal, interpersonal, and occupational factors are mixed together to some extent. This illustrates the impossibility of separating any particular dimension from the total pattern of experiences.

A separate section for intrapersonal experiences was not designed. Instead intrapersonal factors have been inserted throughout.

Testing procedure

The preliminary format was used as the basis of the first ten interviews with a variety of ministers. These men were asked a series of concluding questions with regard to their reactions to the interview.

"Is there anything which you would add with regard to your own health which you feel has been overlooked?"

"What has been your reaction to the interview?"

Do you have any objections to the content or form of any questions?

Are there any recommendations which you would make to modify or add to any questions?"

"What was your reaction to the procedure used in contacting you? What was your reaction to the way in which the interview itself was conducted? Were you offended by any feature of the procedure?"

How do you think that other ministers known to you would respond to the interview and the way it was conducted?

Would you have preferred a less personal method? For instance, how would you have responded if you had received a questionnaire in the mail?"

The answers to these questions provided valuable feed-back on the basis of which some modifications were made to the format, although few of these were major. The reaction to the procedure and to the interview as a whole was very favourable. The procedure of personally contacting and interviewing was well received by these men and they considered that other ministers were likely to accept this approach. (1)

No suggestions were made for significant additions to the content of the questionnaire. As far as these men were able to judge no

- (1) Only one minister objected to one aspect of the procedure. He had been disturbed by the letter of introduction which he interpreted as being "a direction from an authority who was telling me what to do". Nevertheless, he agreed to being interviewed and further discussion of his objection revealed that it was personal in nature and that his reaction reflected a personal response to 'authority'. In all other respects he and the others had no objection to the procedure or to the manner in which the interview was conducted.

important areas of their experience had been overlooked. However, the form of some of the original questions was modified as the result of suggestions offered by these informants. But such modifications involved no change in the content of the questions. For instance, it was found that ministers would accept and respond to more direct questions than was originally thought likely, so that some questions originally phrased in an indirect form were transposed to direct forms. The end result was a questionnaire composed of direct questions. Some questions were closed, seeking specific matters of fact and requiring a limited response; but most were open, allowing the interviewee great freedom. Care was taken to ensure that none of the questions were loaded or leading. As well as making such modifications, a number of original questions were deleted, either because they proved to be irrelevant to the purpose, or because they were redundant and involved unnecessary repetition, or because they merely elicited standard, stereotype answers.

As a result of these initial interviews it was also found that alternative answers were chiefly of value simply as illustrations. The questionnaire format included some multiple choices responses, but these were only loosely formulated because it was impossible to predict the possible range of responses to any question. It was found that if these alternatives were posed then the informant would select one; but when they were not posed as choices then the informant quite often gave a response which was not included in this range or made significant qualifications to his response. So it was decided to leave such questions completely open and no alternatives were offered unless the informant asked for an illustration. Alternatives were then used simply to establish a frame of reference. This procedure proved to be most valuable and produced a wider spectrum of responses. So where multiple

choices are listed they should not be viewed as being exclusive or as being a presentation of the full range of possible choices. They are simply convenient illustrations and an aid to the interviewer in recording responses.

Because no additions were made to the questionnaire these initial interviews have been included in the final sample. Although modifications were subsequently made to the form of questions, these interviews had covered the full content of the final interview structure.

So, in the first instance, the content of the questionnaire-interview was determined on a priori grounds. Then the initial form of questions was decided upon in consultation with a small selection of ministers. Finally, the eventual format was developed subsequent to a trial-run with ten selected informants, as the result of which modifications were made to the form of some questions and some others were deleted.

5. THE RESPONSE TO THE SURVEY

Between March and August 1969 a total of 98 selected ministers received the letter of introduction and were subsequently contacted by the investigator with a view to arranging an appointment. As the investigator anticipated some reticence and resistance, the response to this approach was beyond all expectations.

Following the 98 initial contacts, a total of 85 interviews was completed, varying from $1\frac{1}{2}$ to 3 hours in duration. Of the 98 potential informants, seven were temporarily unavailable due to other plans and commitments but each of these men was willing to be interviewed at a more convenient period of the year. This left 91 potential informants, and 85 readily agreed to participate, a 93.5% positive response. Only four

* Questionnaire-Interview follows and text resumes on p. 555.

QUESTIONNAIRE: MINISTRY AND HEALTH PERSONAL SURVEY
EDINBURGH 1969

PART I. Personal Data

Code No.

Date

Age: Year of Birth:

Marital status: S / M / W / D.

Year Ordained: Age Ordained:

Family of orientation:

Father A/D; age

occupation

Mother A/D; age

occupation

Siblings

- 1.
- 2.
- 3.
- 4.

Family of procreation:

Year married

Age

Wife A/D; age

occupation

Children

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Educational qualifications:

PART II. Medical History and Data

Height Build: thin / slender / medium / heavy / obese

Weight Any marked change in last 10 years?

Posture

When was your last full medical check-up?

Frequency of visits (approx. no. in last 10 years)?

Have you ever had or have now?

| | Y / N |
|---|-------|
| Eye/ear trouble | |
| Rheum'c fever/Rheum'ism/ Heart disease | |
| Palpitations/chest pain | |
| Shortness of breath/ asthma/breathing diffic'y | |
| Chronic cough/bronchitis | |
| Tuberculosis | |
| Kidney disease | |

| | Y / N |
|---|-------|
| Severe headaches/migraine/ lapses of consciousness | |
| Fainting/dizzy spells | |
| Epilepsy/fits/convulsions | |
| Mental/emotional condition | |
| Ulcers/stomach or abdominal pain | |
| Backache/arthritis/ painful joints | |
| Diabetes | |

| Year | Illness | Hospitalisation &/or Surgery | Physical disabilities | Psychiatric treatment | Medicine |
|------|---------|------------------------------|-----------------------|-----------------------|----------|
| | | | | | |

On how many occasions have you been off work since your ordination?

For what periods of time?

What have been the main causes?

Family Medical History (Parent, wife, child):

| Member | Hospit'n | Surgical | Psych'c Disorder | Invalidism | Death |
|--------|----------|----------|------------------|------------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part III. Occupational History & Data

1. Prior to Ministry:

| Occupation | Period | Reason for Leaving |
|------------|--------|--------------------|
| | | |

2. The Ministry:

| Status | Period | Type of Parish or Ministry | Local Population | Communicants |
|--------|--------|----------------------------|------------------|--------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

Occupational History contd.

3. What conscious motives led you to enter the ministry? (3 major).
1. _____
2. _____
3. _____

4. When you think back on your decision to enter the ministry, did any person or people influence that decision?
- Yes/No
If so, who? _____

5. If you were explaining the work of a minister to another person what is the major picture, image or concept you would seek to give them?

6. If you were evaluating your own ministry what would you look for as signs of effectiveness or success?
1. _____
2. _____
3. _____

7. How would you rank the minister's functions of Administrator, Organiser, Preacher, Pastor, Priest and Teacher, in terms of?

| | (a) Importance? | (b) Your Personal effectiveness? | (c) Your Personal satisfaction? |
|----|-----------------|----------------------------------|---------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

8. What training do you have for any of the specialized functions of the minister, such as teaching, counselling or business administration?

9. Is there any area of your work for which you have felt especially inadequate or ill-equipped?
- Yes/No

10. What have been the greatest obstacles to effective ministry in your experience? (greatest sources of frustration?)
- _____

(Note : Questions 5 , 6 , and 7 have been derived from S.W.Blizzard , 1956 (b) , op. cit.)

Occupational History contd.

Yes/No

11. (a) Have your income and material provisions been adequate to meet comfortably the needs of yourself and your family

(b) Do you have any private sources of income?

Inheritance?
Property?
Investments?
Publications?
Any other?

| |
|--|
| |
| |
| |
| |
| |

12. Have you ever seriously considered leaving the ministry?
If so, what was the main reason?

Yes/No

If you had done so, what occupation would you have adopted?

13. At what age do you expect to retire?

Part IV: Social/Interpersonal History

14. To which parent or member of your original family did you have the closest relationship?

Father?
Mother?
Brother?
Sister?
Another?

| |
|--|
| |
| |
| |
| |
| |

15. What was the reaction of your parents to your decision to enter the ministry?

16. What are your recreational interests and activities?

Sports:

Hobbies:

Cultural Interests:

Groups/Clubs:

Social History contd.

17. (a) How much time do you devote to such activities in a normal week? _____
- (b) Do you have any regular time off? Yes/No _____

18. (a) Do you take a holiday every year? Yes/No _____
- (b) How long do you have for a holiday? _____
- (c) How do you usually spend your holiday? _____

19. It has been said that a minister is a "man apart". (a) Do you have any close, longlasting friendships? Many/as many as most people/a few /none/
- (b) What have been the main sources of your closest friendships? (Use Card B/rank order).
- | | |
|------------------------------------|--------------------------|
| Immediate family | <input type="checkbox"/> |
| Other relatives | <input type="checkbox"/> |
| Friendships formed in student days | <input type="checkbox"/> |
| Ministerial colleagues | <input type="checkbox"/> |
| Other professionals | <input type="checkbox"/> |
| Members of Clubs or Associations | <input type="checkbox"/> |
| Kirk Session members | <input type="checkbox"/> |
| Parishioners | <input type="checkbox"/> |
| Any others | <input type="checkbox"/> |

20. (a) What kind of relationship do you aim to establish with parishioners?
- | | |
|--|--------------------------|
| .. close familiar relationship with all | <input type="checkbox"/> |
| .. friendship with all, while preserving a necessary distance between pastor and people? | <input type="checkbox"/> |
| .. a definite professional relationship, avoiding closeness and social intercourse with any parishioner? | <input type="checkbox"/> |
| .. adjust according to individual people; some close, some distant? | <input type="checkbox"/> |

Or _____

Social History contd.

(b) In your experience, are there any problems or dangers in the relationship between a minister and his people?

21. Which of the following is most true of yourself in relationships with other people? Which is most typical? (Use Card C). See Card C for details.

- * to move toward other people?
- * to move against other people?
- * to move away from other people?

| |
|--|
| |
| |
| |

Part V: Habits/Practices/Attitudes

22. Are there any specific habits or practices which you observe and consider especially beneficial to your personal health?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

23. Are there any features of a minister's life which you feel have a detrimental effect on health?

24. (a) What have been the greatest sources of tension and anxiety in your personal experience?

(b) How have you dealt with such tension or anxiety?

Habits and Attitudes contd.

(c) Have you ever been prescribed Yes/No
 tranquillisers, anti-
 depressants or sleeping
 tablets?
 If so, what?
 If so, how long did you
 receive it?

25. Have you ever experienced above- Yes/No
 normal fatigue during your
 ministry and if so, what did you
 see as the main cause?

26. (a) How many hours sleep do you
 usually have?
 (b) At what time do you normally
 retire?
 (c) Are you a light or a heavy
 sleeper?
 (d) How do you feel when you
 first wake in the morning?
 (e) Do you sleep or nap for any
 period during the day?

27. (a) Approx. how many hours do
 you work in a normal week? -40/40-50/50-60/60-70/70 +
 (b) What is your most time-
 consuming task or activity?
 (c) What is your most demanding
 task in terms of energy-effort?
 (d) What is your most tedious or
 frustrating task?

28. (a) Do you have any regular/ Yes/No
 planned exercise?
 (b) What forms of exercise do
 you have?
 (c) How much time do you devote
 to it?
 (d) How do you go about
 visitation?

 foot/bicycle/car/public transport

29. (a) Do you observe any special
 dietary practices? (details) Yes/No

Habits and Attitudes contd.

(b) For you eating is ...

a source of enjoyment
and pleasure?

...

a necessity to meet
physical needs?

...

a tedious routine of
no interest?

(c) What daily meals do you have?

30. (a) Do you drink alcoholic
beverages?
If so, how frequently?

Yes/No

rarely (a few times
a year) occasionally (monthly) often (weekly) frequently (daily) If so, what type of drink by
preference?

Beer/Wines/Spirits.

(b) Were you once a drinker and
gave it up? If so, why?

(c) How would you sum up your
attitude to the practice
of drinking alcoholic
beverages?.. an evil, total
abstinence required?
(a sin?) .. damaging to health
and sensible to avoid it? .. not evil in itself,
and moderation in
private acceptable? .. moderation in social
circumstances? .. entirely a matter for
individual conscience? or

(d) What do you drink most
frequently and by personal
preference?

water/milk/tea/coffee/

Habits and Attitudes contd.

31. (a) Do you smoke?
If so, what?
- (b) If so, what quantity per day?
- (c) If so, how long have you done so?
- (d) Were you once a smoker, and if so, why did you give it up?

Yes/No
Cigarettes/cigars/pipe.

Yes/No _____

- (e) How would you sum up your attitude to the habit of smoking?

32. (a) With reference to your own experience, do you agree or disagree with the view that sexual satisfaction has an important influence on personal health?

Completely/Partially/Uncertain/
Definitely Not.

- (b) Do you discuss the sexual aspects of marriage with engaged couples?

.. always?

.. sometimes when circumstances require it?

.. only if asked to do so?

.. never?

- (c) What is your attitude to premarital sexual intercourse?

(Would you consider that you were)

.. absolutely opposed on grounds of Christian principle?

.. moderately opposed on psychological and health grounds?



Habits and Attitudes contd... uncertain? .. in favour in certain
circumstances? .. completely in favour
of free sexual
expression? (d) How would you describe the
place of sexuality in your
own personality?.. unimportant, rarely
aware of it? .. a moderate need,
easily satisfied, causing
little concern? .. a source of tension,
difficulties, worry? .. strong need and source
of much satisfaction
and sense of fulfilment? 33. (a) In your experience does a
minister's marriage face any
special problems due to the
nature of his work or status?

(b) Do you set apart any particular
time to spend with your
family, and if so, how do you
use that time?

(c) If a minister's marriage fails
would you consider that that
invalidated his work as a
minister?

34. What do you do with your
aggression or anger?.. never experience anger
or aggression? .. keep strict control,
exercise self-
discipline?

Habits and Attitudes contd.

.. direct it into
activities like painting,
writing, music, sport,
physical exercise?

.. express it in approp-
riate situations in an
indirect way?

.. express it openly and
spontaneously?

35. (a) What does the expression
"first deny yourself" mean
to you?

(b) Are there any specific
ways in which you personally
exercise self-denial?

36. How are you affected by the
fact that you will die?

37. What is the central meaning and
purpose of your own life?

38. What have been the greatest
causes of temptation for you?

Habits and Attitudes contd.

39. How would you deal with an acute personal problem (such as marital breakdown; acute anxiety or severe depression; alcoholism; intense guilt or doubt) if it ever occurred? In fact, how have you dealt with any personal problem in the past?

.. keep it to yourself, solve it on your own?

.. prayer and personal devotion

.. discuss with wife?

.. seek help of close friend or relation?

.. consult a ministerial colleague?

.. seek professional treatment? ... G.P.?

... Psychiatrist
or some other action?

40. In your view, are the provisions for pastoral care of ministers adequate?

If not, are there any ways by which such care could be made more effective?

GENERAL COMMENTS:

men gave absolute refusals which was accepted without hesitation: one commented, "I don't really agree with this kind of thing. Anyway, I don't like talking about myself", and another simply said, "I wouldn't be of any interest to you. I've never had anything wrong with me". Beyond the four refusals, two other men were indefinitely unavailable due to serious illnesses.

98 contacts made: letter of introduction, phone call

7 temporarily unavailable

91 potential informants

4 refused

2 indefinitely unavailable due to illness

85 interviews completed, i.e. 93.5% of 91 potential informants.

This remarkably positive response was completely unexpected. It has not been uncommon for studies of clergy groups to be severely restricted by the lack of support and by a limited response. Two recent studies involving Church of Scotland ministers provide a basis of comparison. For example, in a study of the influence of "Counsellor Variables on Methods of Pastoral Counselling" (A.V. Campbell, 1965)⁽¹⁾ random samples of 22 clergymen from the Roman Catholic, Episcopal, and Church of Scotland denominations received a letter explaining the purpose of the study and requesting their assistance. In response to these 66 letters, 51 replies were received and of these 23 (i.e. 35%) were willing to participate. Then following an initial meeting another

(1) A.V. Campbell (1965), op.cit. Refer to "Research Findings", Chapter 2, q.v.

five withdrew, leaving a total of 18 (i.e. 30%) of the original sample.⁽¹⁾ Another study, conducted around Aberdeen, included an investigation of the roles and functions of Church of Scotland ministers in the locality (B. Anderson, 1969).⁽²⁾ Questionnaires were sent to 43 parish ministers in the area. Of these, 31 were returned (i.e. 72%), but only 23 had been completed (i.e. 58%).

The responses given to these studies seem to illustrate the difficulty of involving clergy groups in such projects, and they are not isolated cases.⁽³⁾ Against this background, the response to this particular study is unusually favourable. Throughout the conduct of the survey, the author found those ministers who participated to be friendly, co-operative, and hospitable.

In most cases the expression of willingness to participate was spontaneous and immediate. Most men readily agreed to be interviewed without hesitation or question. However, hesitation or reluctance was initially expressed in a few instances. Most often those men wished to

- (1) This study by Dr. Campbell also included theological students from each denomination. The response of the 'student' group was more favourable than that of the 'clergy' group. For example, a group of 23 Presbyterian (Church of Scotland) students was first addressed by the investigator personally, and 19 agreed to participate. A further six withdrew in the early stages of the study, leaving a sample of 13 (i.e. 56.5%) from the original 23. It is interesting to note that the initial contact with the student group was personal in nature. It should also be noted, however, that much greater demands were made of participants in the counselling study than was true in the case of the survey reported here. In Dr. Campbell's study of counselling methods, participants were required to complete five questionnaires in their own time, requiring $\frac{1}{2}$ to $\frac{3}{4}$ of an hour, attend one interview lasting 20 minutes, and to attend two simulated counselling sessions each lasting about $1\frac{1}{2}$ hours. These requirements were considerable and probably account for the low response from the clergy group, at least in part.
- (2) B. Anderson (1969), op.cit. See Chapter 2, q.v.
- (3) For example, A'Brook and his co-authors (1969), op.cit., attempted to follow-up their doctor and clergy patients subsequent to their discharge. However, they reported that very few questionnaires

know who was responsible for sponsoring the research programme and who would have access to the personal material. Some wished to have the purpose clarified and a few questioned their own ability to make a worthwhile contribution, expressing a self-effacing attitude. These queries appeared in various combinations in fifteen cases and seem to reflect some insecurity and anxiety about the possibility of being interviewed. But it appears that any doubt or anxiety was adequately allayed by a simple explanation of these points, as each of these men accepted the assurances and explanations given and agreed to participate without any further hesitation.

This positive response extended to the interview situation. The investigator was well received by each informant without reserve. Almost without exception, the reception was friendly and hospitable. As could be expected, the personal reaction of individual informants to the interview varied considerably. But two general observations can be made. The most unexpected feature of the response was the degree of anxiety displayed by a number of interviewees. Many of these men were initially self-conscious and manifested clear signs of anxiety. But in most cases any initial anxiety was soon dissipated as men became more absorbed in the interview process and as they tended to become less self-conscious and less guarded in their responses. Very few of these men, five at most, remained cautious and guarded throughout the interview.

The second general observation is that, once initial anxiety had been alleviated, the responses of interviewees were remarkably free and open. There was a great deal of freedom and diversity in the interviews and there is reason to believe that little was consciously withheld from had been returned by either group.

A very low response to a questionnaire method was reported by S.H. Martin (1954). In a study of the functional aspects of Methodist theological education in the U.S.A., questionnaires were sent to all graduates of Methodist Seminaries between 1927-1947. Only 20% were returned. (See R.J. Menges and J.E. Dittes, *op.cit.*, p. 62.)

the interviewer. If anything, the degree of self-disclosure was much greater than expected. Discussions were patently candid and spontaneous and not a single minister objected to or refused to answer any question or any set of questions. As was noted earlier, it was found that ministers would generally accept and respond to more direct questions than had previously been thought likely. Inevitably, there were a few individual informants who offered perfunctory and defensive responses, and who tended to remain aloof and emotionally unresponsive. But, in general, interviewees were friendly, helpful, keen to co-operate, and spontaneous. The only points at which some hesitation and caution were more general were those involving questions of sexuality (Q. 32), aggression (Q. 34), and temptations (Q. 38).

The actual response to the initial contact and to the interview itself suggests either that the author's expectations were misguided and simply reflected his anticipatory anxiety or that the procedure and interviewing methods used were effective in securing an unusually favourable response. Probably both contain a measure of truth. From feed-back elicited from 20 interviewees, it has been possible to determine some of the reasons for the high rate of response and for the freedom with which informants disclosed personal information.

(i) Purpose. The positive response reflects widespread concern for the health of ministers within the Church of Scotland. Most of these men indicated that they had agreed to participate in the first instance because they believed that there had been a general decline in health and because they believed an investigation of this kind could serve a useful purpose. So they were motivated to participate because the purpose and nature of the study seemed to be relevant and useful.

(ii) Sponsorship and Confidentiality. Evidently it was important to a number of these men that the project was not sponsored by or under the oversight of any ecclesiastical body. Several indicated that it was doubtful whether they would have agreed had it been sponsored by a Church Department or Court. Moreover, they were satisfied that confidentiality would be safeguarded. Therefore, they felt that self-disclosure would not be abused and that nothing was at stake in terms of occupational status or security. In this regard, a few men drew attention to the fact that the investigator was not a minister of the Church of Scotland and held no official position in it. Although they knew he was an ordained minister from the outset, they felt that it was most important that he came from "outside" and that they would have been less willing to participate had he been a colleague.

(iii) Method of Approach. The informants expressed approval of the way in which they were contacted and approached. When these 20 were asked how they would have reacted to a questionnaire circulated by mail, 12 indicated that it was unlikely that they would have completed a questionnaire. Two main reasons were offered. The first was a feeling that they were never sure how questionnaire replies would be used or who would have access to the information (the question of confidentiality is apparently a most important consideration). The second reason given was that questionnaires were inconvenient and tedious. They viewed questionnaires as "just another tedious administrative chore", as one commented. The interview method was more acceptable to most of these men because it involved them in no great effort, all the 'work' was done by the interviewer, it was generally more interesting, and they also preferred to know who was responsible for collecting and using the information. Of the total sample

interviewed, only four men indicated that they would have positively preferred to receive a questionnaire.

(iv) Interview Method. With regard to the interview itself, no objections were made to the content or method of the interview. The object was not to provide an enjoyable experience, but a large number of men indicated that they had in fact enjoyed the experience and that they had become absorbed in the process. They felt they had been enabled to disclose themselves without undue self-consciousness or embarrassment. One minister observed, "It has made me consider important issues which I haven't seriously thought about for years". Another commented, "Well some of those questions are certainly deep. Frankly, I'm surprised how much you got out of me. There were some things I had decided not to talk about, but I did anyway. You've given me a lot to think about". Many informants expressed appreciation and a number voluntarily observed that the interview had been of some benefit to them personally as "an exercise in self-examination" as one described it.

(v) Personal Needs. The interview was designed explicitly for the purpose of eliciting information and was not intended to be "pastoral". However, it seems that another factor in the positive response was that a number of men used the interview as an opportunity to unburden themselves and to share confidences. It proved extremely difficult to maintain a clear distinction between a technical interview and a pastoral situation. The extent to which some men wished to unburden themselves came as a surprise. This motive often emerged at the conclusion of interviews. For instance, one man said, "I'm grateful for the opportunity to confide in someone. There is no one I would regard as my pastor, so my worries tend to just pile up inside me. For once, you've given me the opportunity to frankly express my own

worries instead of listening to those of others". A number of men, in the same vein, felt that the interview had had pastoral qualities and that it had been of personal benefit. It would seem that personal needs were often an unconscious factor which motivated men to participate and contributed to the freedom of responses.

To sum up, it appears that there were three main reasons for the high response rate and for the freedom and spontaneity of self-disclosure. The most outstanding was the fact that a secure situation was created in which these ministers felt free to disclose themselves. The second was that these ministers considered that the survey had a purpose with which they could identify and which they considered was relevant. Then, thirdly, the personal procedure and method was acceptable and a number of ministers harboured personal needs and problems which unconsciously motivated them to use this contact as a pastoral opportunity.

6. THE INTERVIEWER'S ROLE

Throughout, no attempt has been made to conceal the personal nature of this survey. It has to be acknowledged that there is always some kind of relationship between the observer and the observed in any field of inquiry. In this case the relationship was personal, involving the investigator as both participant and observer. An interview relationship, whatever the context, has many unknown quantities as it involves the complex interaction of two people and it would be mistaken to assume that either person could remain unaffected by the encounter. The response of the informants has been discussed. What of the interviewer himself?

The author was responsible for conducting each interview personally and was aware of three fundamental prerequisites. First, it was

necessary to clarify the purpose of the interviews and to have a clear set of goals. Second, if a reasonable balance between subjective processes and objective facts was to be achieved, then it was imperative to be as aware as possible of personal beliefs, attitudes, and preconceptions so that these would not intrude or bias the observations of the investigator. Thirdly, he should have some awareness of his own needs and subjective responses so that they would not interfere in the interviewing process. It was expected that the second and third prerequisites would necessitate a continual process of re-evaluation throughout the conduct of the survey.

Interviewing goals. The author set himself four basic goals for the purpose of conducting these interviews.

(i) The primary goal was to elicit adequate and relevant information for the purposes of this inquiry. It was to be an essentially fact-finding inquiry and the interviews were to be technical with a carefully designed structure to be adhered to in every case. There was no intention that the interviews should be therapeutic or technical.

(ii) The author's second goal was to undertake careful and detailed observation. This would include observation of non-verbal phenomena, as well as observation of verbal data, and the observation of physical surroundings.

(iii) The third goal was to act as a catalyst, employing appropriate interviewing methods to elicit relevant information and to enhance the quality and freedom of communication. It was the interviewer's responsibility to constantly focus attention on individual informant's experiences, emotions, attitudes, and beliefs. At no point were the experiences of the interviewer himself to intrude. To use a Rogerian expression: the interviews were to be "client-centred".

(iv) The author, fourthly, accepted responsibility for recording the content of the responses and relevant observations. This was obviously a crucial responsibility because recording would inevitably require some selectivity and discrimination on the investigator's part. But it was vital that such selectivity and interpretation should be faithful to the facts and to the informants' own understanding of the facts. For this reason, the author aimed to seek clarification on any points which were not clear or self-explanatory.

Interviewer's Assumptions

The author's principal assumptions concerning the nature and meaning of health have been fully discussed (q.v. Chapter 3). They establish the framework within which the entire research programme was set. However, two further assumptions had some bearing on the conduct of the survey.

One assumption, already considered at some length, was that some resistance could be expected and that a significant number of ministers would be reluctant to participate. Hence, special measures were taken to create a secure situation in which ministers would feel free to engage in personal self-disclosure. As reported, events proved this assumption to be unfounded or at least exaggerated.

Another assumption was that the author should present himself as a research student rather than as a minister. This involved no deception. The introductory letter made it clear that the author was an ordained minister. But at the interviews the author did not appear in clerical dress. To have done so would have added another dimension and further complications to the interviewing process. It was considered important to avoid any role confusion and, for this reason, it was made clear that the author was simply acting in a research capacity and not in a pastoral role. It was anticipated that there would be many vicissitudes in the

personal encounters without adding any additional imagery which may be associated with the ministry and clerical dress. This assumption appeared well-founded when a majority of those interviewed reported that they would be extremely reluctant to expose their most personal difficulties to a colleague.

Beyond this, the author held no prior assumptions about how his informants might or might not react and was, as far as is humanly possible, completely open to any responses which might be expressed.

Self-Awareness. Frieda Fromm-Reichmann maintained that there are three cardinal rules for the psychiatrist or psychotherapist, which appear to be equally important for an interviewer in any context.

"It has been stated that the psychiatrist is expected to be stable and secure enough to be consistently aware of and in control of what he conveys to his patients in words and mindful of what he may convey by empathy. Also his need for operations aimed at his own security and satisfaction should not interfere with his ability to listen consistently to patients, with full alertness to their communications per se and, if possible, to unworded implications of their verbalized communications. And the psychiatrist should never feel called upon to be anything more or less than the participant observer of the emotional experiences which are conveyed to him by his patients".⁽¹⁾

Each of these conditions, as aspects of self-awareness, are suggested as ideals, and none of them can be fully realized by any one person. But they can be approximated as nearly as possible.

With respect to his own participation in these interview situations, the author was aware of two main areas of difficulty. The one concerned his personal experience of anxiety, and the other concerned some confusion surrounding his role in the interviews.

(1) F. Fromm-Reichmann (1950), op.cit., p. 41.

From background training and experience, the author was aware of some lack of freedom in dealing with strong authoritarian influences and a tendency to experience some anxiety in face of what he perceived to be 'authority figures'. This self-understanding led him to expect some anxiety in the early stages of the interview programme. The author was in fact conscious of a mild anxiety reaction in the first few interviews, especially those which involved eminent ministers of the Kirk. However, this anxiety soon dissipated and there was no indication that any of the interviewees were conscious of or affected by the interviewer's subjective reaction. The author was able to handle this anxiety by recognising it as a 'parataxic distortion' and by constant re-evaluation of his role in the interview situation; and the author is confident that any anxiety or insecurity on his part did not influence the outcome of the interviews nor did it interfere with his ability to conduct the interviews and to exercise control over his own reactions.

The second problem related to the interviewer's role. The author did not aim to enter these situations as a therapist or as a pastoral counsellor; he was simply an interviewer seeking information for research purposes. However, in several instances the interviews spontaneously took on the characteristics of a pastoral relationship. Not infrequently individual informants obviously welcomed the personal encounter and used it to unload personal tensions. On a few occasions it was apparent that individual ministers had a very considerable need for a pastoral relationship and that for them the interview constituted a cathartic experience. It may be, of course, that the author's background experience predisposed him to think and operate in therapeutic terms. He may have unconsciously drawn this response from informants and may have unwittingly fulfilled this pastoral role. It was inevitable in a survey of this nature that the investigator would encounter a few cases of

serious need. Under these circumstances there was always the possibility of blurring the distinction between a technical interview and a therapeutic relationship. Also, there was the potential danger of precipitating a personal crisis by probing too deeply in individual cases. Obviously this was a potentially dangerous situation, which afforded no opportunity of providing "after-care" if the need arose. Constant reevaluation of the interviewer's role and goals was therefore essential in order to impose necessary limits on the interview situation and to avoid role-confusion.

In view of the unusual nature of this survey it has been necessary to give a thorough introduction to the conceptual and technical background, with particular attention to the Questionnaire-Interview format. We now turn our attention to the experience of those interviewed.

SURVEY POPULATION: PERSONAL, OCCUPATIONAL, AND HEALTH HISTORY

Introduction: A Representative Sample.

At December 1968 the Church of Scotland had 1927 parishes, in 59 Presbyteries, distributed throughout the country and these parishes were served by 1827 ordained ministers. Of these parishes, approximately 436 were located in the four major urban areas (Glasgow, Edinburgh, Dundee, and Aberdeen), 914 were situated in small towns, villages, and rural areas (i.e. in those areas classified as being "landward" by the Registrar General), and the remaining 577 were in intermediate areas in larger towns and burghs.⁽¹⁾ This survey was confined to the Central Belt of Scotland, extending from Clydebank in the West along the Forth-Clyde valley to Kirkcaldy in the East and extending North in Fife and South-East along the coast and to the South-East Borders region. This area is covered by 16 of the Church's 59 Presbyteries and embraces approximately 965, almost one half, of the total number of 1927 parishes.

A representative sample of 100 parish ministers was selected from this central area and 85 interviews were completed with this sample.⁽²⁾ These 85 ministers represent 9.3% of the total in the area covered by the survey and 4.6% of the total number of active parish ministers in the Church of Scotland, without making adjustments for the number of men over 65 years of age (who were excluded from the survey sample) or for the number of vacant parishes.⁽³⁾

- (1) In view of the difficulties of making a clear distinction between urban, intermediate, and rural areas, it is impossible to make an exact calculation of the distribution of parishes.
- (2) q.v. Chapter 11: see 'Response to the Survey'.
- (3) When allowance is made for the number of vacancies in the area, the sample of 85 represents 9.6% of the total.

Two criteria were applied in selecting a representative sample: the minister's age and year of ordination and the type of parish occupied by individual ministers, with a view to representing a broad cross-section of Church of Scotland ministers.

(i) Age and Year of Ordination. Potential informants were selected, in the first instance, according to their year of ordination as listed in the Church's Year Book. The effect of this procedure was to ensure a proportionate representation of each age group. All of those in the sample had been ordained between 1930 and 1969, and their ages ranged from 25 to 66 years. The average age of active Church of Scotland ministers is in excess of 50 years and has been rising. The average age of the sample population was 48.7 years, with 43 informants over 50 years and 42 under 50 years age (Table 44: following).

TABLE 44: Survey Population - Year of Ordination and Age Distribution

| Ordination | Total | 25/29 | 30/34 | 35/39 | 40/44 | 45/49 | 50/54 | 55/59 | 60/64 | 65/69 |
|------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 1930-34 | 8 | | | | | | | | 7 | 1 |
| 1935-39 | 14 | | | | | | 1 | 8 | 5 | |
| 1940-44 | 14 | | | | | | 8 | 3 | 3 | |
| 1945-49 | 11 | | | | | 6 | 3 | 1 | 1 | |
| 1950-54 | 12 | | | | 7 | 4 | 1 | | | |
| 1955-59 | 9 | | | 4 | 4 | | 1 | | | |
| 1960-64 | 13 | | 4 | 7 | 2 | | | | | |
| 1965-69 | 4 | 1 | 3 | | | | | | | |
| TOTALS | 85 | 1 | 7 | 11 | 13 | 10 | 14 | 12 | 16 | 1 |

In a sense, this representation of various age groups was achieved by chance because informants were selected according to their year of

ordination on the assumption that men enter the ministry at approximately the same age, usually between 28 and 32 years at the time of ordination. The fact that some men enter a little earlier and some later was expected to balance out. As it eventuated the sample included a number who had been ordained earlier, the youngest was 24 years, and five late-entrants to the ministry, ordained in excess of 35 years.

One major problem, however, is the representativeness of those in the older age groups, particularly those over 50 years of age. Strictly speaking they are only representative of the 'persistors' and survivors in their age group. This was the principal reason for excluding men ordained prior to 1930, who would be even less representative of their age groups. At the other extreme, men in the younger age groups are virtually representative of their entire age groups, and it is likely that some will resign or be disabled or even die before reaching retiral age.

(ii) Type of Parish. Selecting informants according to the nature of their present parish presents obvious difficulties. The first problem is to make an appropriate classification of parish types. There is great diversity in Scottish parishes and each is a unique situation with distinctive geographic, climatic, socio-economic, and demographic characteristics. For the purposes of this survey parishes were classified according to whether they were urban, intermediate, or rural-landward in type, based principally on the size of the local population. These are broad categories with numerous sub-divisions. The second problem of such a selection is the high degree of occupational and geographical mobility typical of Church of Scotland ministers, between parishes and also between the parish ministry and non-parochial positions. Although long-term ministries in one parish were once traditional and relatively

common, this is now no longer true. It is now not unusual for ministers to hold four or five parishes, sometimes more, in a career spread over 40 years, spending an average of eight or nine years in each parish. This may well be an important fact in itself with respect to the health of ministers; but it does reduce the importance of the particular parochial environment in which a minister is currently placed. However, this criterion was applied because it was thought that minister's response could be influenced by their immediate situation and because it was thought probable that some men would choose a particular type of locality.⁽¹⁾

TABLE 45: Survey Population - Type of Parish

| PARISH TYPE | Year Ordained | | | | Totals |
|-------------------------------|---------------|---------|---------|---------|-----------|
| | 1930-39 | 1940-49 | 1950-59 | 1960-69 | |
| 1. URBAN | 11 | 10 | 6 | 9 | <u>37</u> |
| (a) City Centre | 3 | 1 | 2 | - | 6 |
| (b) Suburban-Residential | 3 | 6 | 3 | - | 12 |
| (c) Residential-Industrial | 3 | 1 | 2 | 5 | 11 |
| (d) New Housing Scheme | 2 | 2 | - | 4 | 8 |
| 2. INTERMEDIATE | 3 | 5 | 8 | 7 | <u>23</u> |
| (a) New Towns | - | 1 | 1 | 1 | 3 |
| (b) Mining-Industrial Towns | 1 | 2 | 4 | 4 | 11 |
| (c) Agricultural-Market Towns | 2 | 2 | 1 | 1 | 6 |
| (d) Housing Schemes | - | - | 2 | 1 | 3 |
| 3. RURAL-LANDWARD | 8 | 10 | 6 | 1 | <u>25</u> |
| (a) Agricultural | 4 | 6 | 4 | 1 | 15 |
| (b) Mining Villages | 3 | 3 | - | - | 6 |
| (c) Fishing Villages | 1 | 1 | 2 | - | 4 |
| TOTALS | 22 | 25 | 21 | 17 | 85 |

(1) Of the ministers involved in Part II: The Minister's World, Minister A (Rural Linked Parish) has spent his career in small towns and rural parishes.

It can be seen from this table that urban parishes (37: 85) have been over-represented. This occurred partially as a matter of convenience since the urban areas have a large number of ministers concentrated in a small area, which simplified the conduct of the survey. But it was also intentional. The evidence of morbidity data (q.v. Chapter 10) indicated that the incidence of disablement is greatest among ministers in densely populated urban areas, which suggests that ministers in such areas may face special health hazards.

The greatest short-coming of this sample is the fact that rural-landward parishes (which comprise a little less than one half of the total number) are underrepresented (25: 85). This was an inevitable outcome of confining the survey to the Central Belt of Scotland. Parishes in the Highlands and Islands and in the South-West Border areas have not been represented. Of the 85 men interviewed, however, 21 had held charges in the Highlands and Islands since their ordination and a further 7 had held charges in the South-West Borders region. The problem is that the sample does not include any of those men, many of them 'Highlanders' or 'Borderers' themselves, who apparently devote their entire ministerial careers to working in these areas. It may well be that they constitute a distinctive group within the ministry of the Church of Scotland. However, this is the only significant group of ministers not adequately represented by the sample population.

These were the two criteria applied in selecting a representative sample. The age distribution of the informants approximates the known distribution for parish ministers ordained in the period under study. The types of parish are less representative. Urban parishes are over-represented and rural-landward parishes under-represented. Parishes in the Highlands, Islands, and South-West Borders are not directly

represented, although a quarter of those included in the sample had held charges in these areas at some time during their ministries.

1. PERSONAL HISTORY: IDENTIFYING DATA

Church of Scotland ministers are drawn from every segment of the Scottish community. One would expect their personal, socio-economic, and educational backgrounds to be representative of the broad spectrum of the Scottish population. However, closer examination of the personal histories of these men reveals some distinctive characteristics.

(i) Family of Orientation. The majority of these men came from families in Social Classes I and II. The fathers of 28 were engaged in the Professions, and this group included 15 sons of the Manse, 3 who were sons of Physicians or Surgeons, and 6 who were sons of Directors, Managers, and Executives in business or industry. The total number from families in Social Classes I and II is 44, that is 51.8%. At the other extreme 27 or 31.7% came from families in Social Classes IV and V. This may be indicative of a change in the socio-economic background of Church of Scotland ministers. For instance, of 92 ministers, selected at random, who had been ordained between 1910 and 1929 only 32 (i.e. 34.7%) were from Social Classes I and II and 38 (i.e. 41.3%) were from Classes IV and V. It is possible that proportionately more men with professional, technical, and commercial family backgrounds have been entering the ministry in the period under study than was previously true.

Of the sample, 17 are 'Highlanders' and had spent their childhood and received their early education in the highland and island areas. A further 8 had spent their childhood and had received their early education outside Scotland.

(ii) Place in Family. One particularly outstanding feature of the personal history of these men is that 46 (i.e. 54.1%) are eldest or

only sons: 15 are only children and 31 eldest sons in families of two or more children. This group of only and eldest sons therefore comprises more than one half of the total sample. At the other extreme, only 17 (i.e. 20%) are the youngest in families of three or more children.

TABLE 46: Place in Family

| Place | Family Number | | | | | | | | Total |
|--------------------------|---------------|----|----|----|----|---|---|---|-------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| Only Child | 15 | | | | | | | | 15 |
| Eldest Son | | 14 | 10 | 4 | 3 | | | | 31 |
| Second | | 3 | 3 | 5 | 1 | | | | 12 |
| Between 2nd and youngest | | | | 2 | 4 | | 1 | 3 | 10 |
| Youngest | | | 6 | 6 | 2 | 3 | | | 17 |
| Totals | 15 | 17 | 19 | 17 | 10 | 3 | 1 | 3 | 85 |

In view of the large proportion of only and eldest sons it may be that studies of such children be relevant to the study of Church of Scotland ministers. Apart from those who are only sons, most of these ministers come from relatively large families with three or more children (53: 85 or 62.3%), most from families of 3 to 5 children. It is also interesting to note that of those who are second children (i.e. 12), 8 have older brothers and all but one of these older brothers are occupied in the professions or managerial positions.

In 17 cases (i.e. 20%) one parent had died during the informant's childhood or youth. In 9 of these cases the father had died, in 7 instances the mother had died, and in one case the informant had been orphaned as a youth.

(iii) Religious Background. Most of the informants had had a religious upbringing of one kind or another. Only six informants reported that

they had received no religious background from their family; that is to say, their parents had no religious affiliations and were either antagonistic or indifferent to the Church. Of the remainder, 62 had been brought up within the Church of Scotland and either one or both parents were members of the Church. Included in this group are 15 men who are sons of the Manse, which is reputedly a strong Scottish tradition,⁽¹⁾ while another 4 are sons of medical or lay missionaries, and a further 14 are sons of Elders in the Kirk. There are also a number of cases in which only the informant's mother had been an active member of the Kirk.

The religious background of the other informants had been diverse. Nine had been brought up in other Presbyterian traditions, most notably in the United Free and Free Churches in Scotland. In a number of these cases, the informant's decision to enter the ministry of the Church of Scotland had met with strong parental opposition or disapproval, especially from their mothers (Q. 15). Eight had been brought up in other denominational traditions, all of them Protestant (e.g. Methodist or Congregational).

TABLE 47: Religious Background

| | |
|---|----|
| Church of Scotland | 62 |
| Father: Minister | 15 |
| Lay Missionary | 2 |
| Medical Missionary | 2 |
| Elder | 14 |
| Mother only a member | 9 |
| United Free, Free Presbyterian and other Presbyterian Churches | 9 |
| Other Protestant Denominations | 8 |
| No religious affiliation or background | 6 |

(1) Referred to by J.O. Dykes (1908), *op.cit.*, p. 75-6, and also received some mention in the petition to the 1969 General Assembly (quoted in *Life and Work*, April, 1969, p. 20) referred to in Chapter 2 q.v.

Thirty-two informants reported that family influences had contributed to their decision to enter the ministry (Q. 3/4/15). Most often this influence had been "indirect" and "by example", with no overt suggestion or pressure from the informant's parents. Only 6 of these men reported that it had been openly suggested that they should consider the ministry or that parents had articulated the hope that their son might enter the ministry. However, a large number of informants, while saying that no direct family pressure had been brought to bear on their decision, recalled that their parents had been "delighted" or "proud" once the decision had been announced and offered observations like: "I always felt that they hoped to have a son in the ministry, although they never said so and left me free to decide" or "I'm sure that's what they always secretly hoped for". Curiously, four informants said that, if anything, parental religious attitudes and practices had exerted a negative influence on their decision; for example, one man had been embarrassed and annoyed by his mother's display of religious piety and self-righteousness, but had entered the ministry in spite of these negative feelings.

Parental reactions to informant's decisions to enter the ministry (Q. 15) had been varied, from active support and encouragement to outright opposition and resistance. Indeed, one man had been "disowned" by his father directly as a result of his vocational decision. But such an extreme reaction is not typical. Most frequently, in 48 cases, the reaction had been most favourable: the parents of these men had been "delighted", "proud", "satisfied", or "pleased", and had often been "surprised but obviously proud parents". In several of these cases the positive parental reaction had been associated with "family traditions" or the "Scottish tradition" of "a son in the ministry". At the other extreme, the informant's decision had met with definite parental

disapproval or opposition in only 13 instances. The most common reason being that parents considered that their sons were sacrificing greater opportunities, especially material and financial, available in other occupations and professions. In 8 cases parents had been indifferent or disinterested without being opposed, and in a further 7 cases the informant's father had been opposed while their mother had supported and encouraged the decision. In the remaining 19 instances, parental reactions had been characterized by qualified support and approval. Some parents, for instance, had been anxious "to test the decision" by offering initial resistance which was subsequently withdrawn; others had expressed doubts about their sons' suitability for the ministry, in terms of qualifications or character; and a few others had been initially disappointed or offended by their sons' choice of the Church of Scotland in preference to a "Free" Church but had gradually accepted the decision.

In general, however, a clear majority of these men had received a definite religious upbringing, especially within the Church of Scotland; parental and family influences had contributed to their decision to enter the ministry; and, in most instances, the decision had received positive parental support and encouragement.

(iv) Educational Background. At primary and secondary levels, the educational background of these men varied according to the socio-economic status of their families. However, the majority of those who came from families in Social Classes I and II received their education, especially at a secondary level, in independent, fee-paying schools.

Few of these men had any previous qualifications or training prior to the ministry. With few exceptions, these men had proceeded directly from school to University with the intention of entering the ministry.

The exceptions included 6 with professional qualifications in other fields, including four qualified teachers, 3 who had completed technical diplomas, 4 who had trades qualifications, and 5 who had received some training and experience in business management.

With respect to Theological Education, 56 had completed a standard course of training: comprising a three or four year University degree (usually M.A. in History, English, Philosophy, or Classics) followed by a three year course in theology (usually leading to a B.D. degree). This is typical of the high educational requirements demanded in the Church of Scotland. Twelve of these men had proceeded beyond that point to gain post-graduate qualifications in Theology. The remaining 17 had either completed the Special War-Service Candidates Course (1947-1951) or the Modified Course for non-graduating students.

(v) Family of Procreation. Of the 85 informants, 78 were married men, including 2 who had been married for a second time following the death of their first wives and one widower. Of the 7 bachelors, three are men under 35 years of age and do not consider themselves to be "confirmed bachelors".

In the case of the married men, 50 had married between the completion of their theological education and within three years of their ordination, in most cases closely preceding or following their ordination; 20 had married prior to the completion of their training, but only 8 of these had done so before their decision to enter the ministry; and 8 had married a number of years after their ordination. This means, incidentally, that most of their wives (70: 78) were aware that they would be "ministers' wives", but whether they fully appreciated the kind of life into which they were entering is another question.

In most cases, as could be expected, the minister's wife is the same age or a little younger than her husband. However, 10 wives are from 2 to 8 years older and 25 from 5 to 12 years younger than their husbands.

These minister's wives, most of whom met their husbands during their studies or in their first parish as a Probationer, had a variety of occupations. It is of particular interest to note that 48 (i.e. 61.5%) had held professional or technical positions prior to marriage: including 30 teachers, 7 nurses, and 9 in positions associated with health and social welfare services (e.g. medicine, social work, clinical psychology, speech therapy, and pharmaceutical chemistry). Four had held commercial and industrial positions, such as personnel management and accountancy, and 16 were in clerical occupations as secretaries and clerkesses. Only 4 had trades' qualifications, for example in hairdressing or tailoring, and the remaining 6 had no occupational experience prior to marriage. The largest groups were teachers (30), secretaries and clerkesses (16), and nurses (7).

It was surprising to learn (Q, 11(b)) that an unexpected number of these ministers' wives are currently or have been "working wives" since marriage and subsequent to their husband's ordination. Of the 78 wives, 21 (i.e. 26.9%) were employed at the time of the survey. Several of these have only returned to work since their children have achieved a measure of independence and self-reliance, but a number are also young mothers. A further 7, though not currently employed, had worked for some period since their husband's ordination. This means that 35.8% (28: 78) of these ministers' wives have been or are presently "working wives". There are two principal reasons. The most obvious is that some wives have found it necessary to continue their work in order to

alleviate the economic hardships imposed by their husband's position. Others have chosen to continue their careers as a source of interest and satisfaction, some to maintain a measure of independence, some to bolster their morale and self-esteem, and some as a means of escaping the isolation and boredom of their position as ministers' wives. We will return to this point in the following chapter.

The family size of these men varies considerably, but most have 2 to 4 children (the average size of family is 2.3 children). It is interesting to note that 8 of these men had no children, two of whom had adopted children and only one of whom had planned against children to date.

TABLE 48: Marital Status and Family of Procreation

| Marital Status | Total | Children | | | | | | |
|-----------------|-----------|----------|-----------|-----------|-----------|-----------|----------|----------|
| | | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Married | 75 | 7 | 12 | 17 | 27 | 10 | 2 | - |
| Second Marriage | 2 | 1 | - | 1 | - | - | - | - |
| Widower | 1 | - | 1 | - | - | - | - | - |
| Single | 7 | | | | | | | |
| TOTAL | 85 | 8 | 13 | 18 | 27 | 10 | 2 | - |

As it eventuated in the process of selection, bachelors within the Church of Scotland parish ministry have not been adequately represented in this particular sample. At the 1951 Scotland census, as noted previously, 15% of the Kirk's ministers are bachelors; although the proportion is certainly lower when allowance is made for the younger men who would subsequently marry. It would seem likely that an unmarried minister in the Church of Scotland would have to contend with special problems; but no attempt was made in this survey to explore the

particular difficulties of unmarried ministers.

Some of the 'typical' background characteristics and experiences of Church of Scotland ministers emerge from these items of personal information, some of which may have relevance for their health. The 'average' minister comes from a family in Social Classes I or II and his father has held a professional, commercial, or technical position, usually with an "upper middle-class" rather than an "upper class" background. He is probably an only or eldest son, and if he is a younger son then he probably has an older brother who has achieved some professional or managerial success. It is not unlikely that one of his parents will have died during his childhood or youth. Through his family upbringing, he will have received a firm religious background, usually in the Church of Scotland and chiefly influenced by his mother. Although his father probably has a close association with the Church, he has exerted less influence on his son's religious upbringing. Family influences will have had a definite, though indirect influence on his decision to enter the ministry, his vocational decision will have been positively welcomed and supported by his parents, and he will feel that in some intangible way it was 'expected' or 'hoped for' by his parents. He has received a standard primary and secondary education and has proceeded directly to University, where he has undergone at least a six-year educational programme explicitly for the purpose of entering the ministry. Following completion of his theological education and closely preceding or following his ordination (somewhere between 25 and 30 years of age) he has been married and has a family of 2 or 3 children. His wife is probably a teacher or else has professional, technical, or commercial experience and qualifications, and it is not unlikely that his wife will have worked for some period since their marriage.

There are, of course, many individual variations from this pattern. But, if there is such a thing, these are the most 'typical' background characteristics of Church of Scotland ministers as represented by this sample.

2. OCCUPATIONAL HISTORY

A number of the more common aspects of the occupational histories of Church of Scotland ministers have emerged in the preceding phases of this inquiry. An examination of the vocational and occupational experience of this representative group serves to confirm and to expand some of the facts already established.

(i) Previous Occupational Experience. It is evident from the educational backgrounds of these men that more than half had no previous occupational training or experience prior to their entry to the ministry. A total of 44 (i.e. 51.7%) had proceeded straight from school to University and so into the ministry, although a few of these (ordained since 1950) had completed two years National Service following their initial University degree. The remaining 41 had been employed in a variety of occupations: 7 had previous experience in another profession (including 4 teachers); 5 had been employed in managerial and technical positions in business and industry; 11 had been actively engaged in the Armed Forces during the Second World War; 11 had been engaged in commercial, clerical, and Civil Service positions; only 4 had been employed in skilled trades; and 2 had been farmers.

(ii) Vocational Motivation. These ministers were asked to elucidate their reasons for deciding to enter the ministry (Q. 3) and to identify as far as possible, the conscious processes and agents which had contributed to their "call". This survey was not designed to explore the unconscious levels of their vocational motivation, but a substantial number of these men had given careful consideration to their vocational

experience and evidently achieved a measure of self-understanding in this regard. Motivational factors tended to fall into six primary groups (Table 49, following).

This tabulation of the motivational factors involved in these men's experience of a "call" to the ministry illustrates the complexity and variety of the processes which culminated in their decision. Very few men, six in fact, attributed their decision to a single, decisive factor in the form of a dramatic "conversion experience". The remaining men all identified a number of factors. It is clear, from the experience of these men, that "the call to the ministry" can rarely, if ever, be understood as an event or empirical fact. As C.A. Wise has observed:

"The call to the ministry is not a matter of fact, it is a theological interpretation of a complex constellation of processes and experiences in the life of a person."⁽¹⁾

These men had invested their experiences with theological meaning and had interpreted their various experiences as constituting an apparently irresistible "call" to the ministry.

The most common single factor is identification with and imitation of an idealized model figure, which was identified as the primary motivational factor in 15 cases and as a secondary factor in 32 instances. Admiration, respect for, and the wish to emulate a model figure had been involved in the vocational experience of 47 (i.e. 55.2%) of these men. The most common models had been their father (17), minister (20), or a teacher (7). Although the imitative factor is the most common single factor, most of these men regarded it as a secondary factor which was just one component of their general religious development.

A gradual, almost imperceptible process of religious growth, in the context of the family and the religious community, had been the

(1) C.A. Wise (1958), op.cit., p. 11. Also compare with G. Booth (1958), op.cit.

TABLE 49: Vocational Motivation: Primary and Secondary Factors

| Motivational Processes and Factors | Total | -50 Years | 50+ Years |
|--|-----------|--------------|--------------|
| TOTAL | 85 | 42 | 43 |
| 1. IDEOLOGICAL - search for truth and meaning of life; wish to communicate this truth | 4 | 4 | - |
| Secondary | <u>11</u> | <u>8</u> | <u>3</u> |
| | <u>15</u> | <u>12</u> | <u>3</u> |
| 2. CONVERSION EXPERIENCE - specific religious experience and sense of "calling" | 16 | 10 | 6 |
| (i) Personal Influence | (10) | (6) | (4) |
| (ii) Non-personal | (6) | (4) | (2) |
| Secondary | <u>4</u> | <u>2</u> | <u>2</u> |
| | <u>20</u> | <u>12</u> | <u>8</u> |
| 3. RELIGIOUS DEVELOPMENT - gradual and general process of growth | 22 | 9 | 13 |
| (i) Personal Influence | (17) | (8) | (8) |
| (ii) Non-personal | (5) | (1) | (3) |
| Secondary | <u>24</u> | <u>14</u> | <u>10</u> |
| | <u>46</u> | <u>23</u> | <u>23</u> |
| 4. ALTRUISTIC - deserve to serve and reform society, to apply Christian solution to social and political problems | 20 | 12 | 8 |
| Secondary | <u>16</u> | <u>9</u> | <u>7</u> |
| | <u>36</u> | <u>21</u> | <u>15</u> |
| 5. IMITATIVE - admiration and imitation of an idealized model | 15 | 4 | 11 |
| (i) Father/Parent | (7) | (2) | (5) |
| (ii) Minister | (3) | (1) | (2) |
| (iii) Teacher/Friend etc. | (2) | (1) | (1) |
| Secondary | <u>32</u> | <u>20</u> | <u>12</u> |
| | <u>47</u> | <u>24</u> | <u>23</u> |
| 6. PRAGMATIC - evaluation of circumstances, resources, and interests | 8 | 3 | 5 |
| Secondary | <u>20</u> | <u>13</u> | <u>7</u> |
| | <u>28</u> | <u>16</u> | <u>12</u> |

most common primary factor in the experience of these men (22: 85) and was a secondary factor in a number of other cases (24: 85). Few of these men had ever experienced a definite "conversion". Their general religious background and growth, usually involving a variety of interpersonal relationships, had gradually developed into an ideological conviction of the truth of Christian teaching together with a desire to communicate this truth to others, or into an altruistic desire to serve and reform society by the practical application of Christian solutions, or into a wish to emulate the inspirational models associated with their personal development and religious upbringing. However, in 11 of these instances the relationship between their general religious background and their specific vocational decision had been vague: "It seemed that this was what was meant for me"; "It was almost as though I had no other alternative"; "I was simply drawn to it, and all other possibilities were progressively excluded from my considerations"; "The sense of call grew stronger and I felt that this was what I had to do". In some cases, religious developments had been associated with pragmatic considerations: some had responded to the need for men in the ministry and believed they possessed the necessary talents and resources to meet this need; others had been impressed by the minister's way of life, which to them appeared to be interesting and satisfying; and in a few other cases men had become critical and dissatisfied with the inadequacies of the Church and ministry and decided these inadequacies could best be corrected from 'within' and by active participation.

Imitative motives, based on admiration and respect for significant figures associated with their religious development, and various influences associated with their general religious growth have been the most important factors in the vocational decision-making processes

of these men. Conversion experiences, ideological convictions, altruistic motives, and pragmatic considerations have also been involved in many cases. The only significant age differences in vocational motivation appear in the influence of ideological and altruistic factors. Both these factors have been more typical of the experience of those men under the age of 50 years. Ideological and altruistic motives have apparently been of particular importance in the experience of those men ordained in the post-war decade, and a number of these men had been directly influenced by their war-time experiences. Of the 8 older men (over 50 years of age) whose decision had been primarily influenced by altruistic motives, 6 had intimate experience of working in impoverished areas during the depression. A slightly greater proportion of younger men had also been influenced by pragmatic considerations, involving a conscious evaluation of their circumstances and resources. Otherwise the various motivational factors and processes are evenly distributed throughout the total age range.

Although the particular constellation of processes and experiences varies from individual to individual, it would seem that two characteristics are typically present. In the first place, it is apparent that significant interpersonal relationships and influences usually make some contribution to the minister's sense of vocation. Only 21 of these ministers (Q. 4) consider that no person or group had influenced their decision, directly or indirectly. These men all considered that their decision had been made in isolation and arose out of a private conversion experience or was the culmination of a long period of intensely personal "soul-searching". In some cases they had made their decision in spite of negative interpersonal influences or against opposition. However, it is curious to note that 9 of these men revealed (Q. 4/15) that they had a definite religious upbringing in the context

of their families and had been actively involved in religious organizations. Presumably they considered these influences unimportant in their vocational experiences, although two of them inadvertently (Q. 15) revealed that they felt their parents had secretly "hoped for" this decision, which may expose a significant unconscious motivation. In general, however, these men immediately recognized and acknowledged the contribution of interpersonal influences (64: 85) in their vocational decision-making experiences. In most cases these men had been influenced by the general religious background and attitudes inculcated by their parents. As has been seen, a number had identified with a particular inspirational and exemplary model, usually their father, minister, or a teacher. Others had been influenced by the more general attitudes, encouragement, and guidance of personal friends, members of groups to which they belonged, and of their prospective wives. It is apparent that interpersonal influences are usually a decisive, although often unobtrusive factor in a man's decision to enter the ministry.

The second common characteristic is the element of compulsion involved in the "call-process". Most of these men had reached a point, whether suddenly or gradually, when they felt an inexplicable compulsion to enter the ministry. It was as though they had no alternative, even though other opportunities may have been open to them: "I felt a definite sense of call ... a compelling inner persuasion that the Lord intended me to be in his full-time service"; "God lay hold of me through the preaching of an evangelist"; "I was overwhelmed by a dramatic conversion experience, which left me no alternative"; "I was pushed in by the hand of God using a host of agents and influences in my life". The feeling of compulsion was most insistent in the case of those who had a definite conversion experience. But, although it was more generalized, it was a characteristic aspect of the experience of most of these men.

It is incidental, but of possible significance, that health factors had been involved in the vocational decision of 9 (i.e. 10.5%) of these men. Only one of these men considered that health factors had exerted a primary influence on his vocational decision. He had been unable to follow the career of his first choice, which required a high standard of physical fitness, due to chronic respiratory difficulties and a record of asthma in childhood. Three other men had been rejected for service as overseas Missionaries due to physical disabilities. The occupational opportunities of four others had been limited by health problems. One man, who suffered serious physical handicaps as the result of polio in childhood, considered that his personal handicaps gave him "an added incentive to try to help others with their difficulties".

(iii) Age at Ordination. It is usual for Church of Scotland ministers to be ordained between 25-30 years of age, with the exception of late-entrants, as is illustrated by the age distribution of the sample population at the time of ordination. In fact, 74: 85 (i.e. 87.1%) were ordained between the ages of 25 and 34 years, while 6 were under 25 years and 5 were ordained at 35 years or more.

TABLE 50: Age at Ordination*

| Year | -25 | 25/29 | 30/34 | 35/39 | 40+ | Total |
|-----------|-----|-------|-------|-------|-----|-------|
| 1930/1939 | 1 | 17 | 3 | 1 | - | 22 |
| 1940/1949 | 2 | 16 | 5 | 1 | 1 | 25 |
| 1950/1959 | - | 15 | 4 | 2 | - | 21 |
| 1960/1969 | 3 | 5 | 9 | - | - | 17 |
| TOTALS | 6 | 53 | 21 | 4 | 1 | 85 |

* The original age of ordination is recorded for those ministers (8) who had been admitted to the Church of Scotland subsequent to their ordination in another denominational tradition.

The average age of entrants to the ministry has risen in recent years. It can be seen that less than one-fifth of the men ordained in the pre-war decade (1930-1939) were 30 years or more and, by comparison, one half of those ordained in the last decade (1960-1969) were 30 years or more. This demonstrates the fact that it has become less common for men to proceed directly from school into the ministry. More entrants to the ministry in recent years have had previous occupational experience.

The sample population includes 8 men who had been ordained to the ministry of other denominations and who had subsequently been admitted to the Church of Scotland. Of these, 4 had been ordained in other Presbyterian churches and had been attracted by the Scottish Presbyterian tradition. The other 4, from congregational and episcopal traditions, had sought admittance to the Church of Scotland because of the democratic basis of the Presbyterian System of Church Government and, in particular, they had been attracted by the reputed freedom, security, and status of the minister within this system (it eventuated that one of these men, with a congregational background, had been disillusioned by the discovery that his status and freedom had not been as great as he had anticipated and had experienced serious difficulties in consequence).

(iv) Ministerial Experience and Occupational Mobility. Frequent reference has been made to the occupational and geographical mobility of Church of Scotland parish ministers. They tend to lead migratory lives and such mobility constitutes one of the basic characteristics of their 'life-style',⁽¹⁾ as is further exemplified by the experience of this sample population.

All of these men were currently engaged in the parish ministry at the time of the survey. It emerged, however, that 29 (i.e. 34.1%), or one in three, had previously occupied one or more non-parochial positions at some stage of their careers.

(1) q.v. Chapter 5: The Parochial Realm.

TABLE 51: Occupational Experience: Total Positions Since Ordination

| Year Ordained | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Total |
|---------------|----|----|----|----|---|---|---|-------|
| 1930/1939 | 1 | 4 | 5 | 6 | 3 | 1 | 2 | 22 |
| 1940/1949 | - | 8 | 10 | 4 | 3 | - | - | 25 |
| 1950/1959 | 1 | 10 | 3 | 8 | - | - | - | 21 |
| 1960/1969 | 8 | 9 | - | - | - | - | - | 17 |
| TOTAL | 10 | 31 | 18 | 18 | 6 | 1 | 2 | 85 |

Of those men ordained prior to 1960, 66.1% or two in every three (45: 68) have held three or more positions since ordination and of those ordained prior to the war 77.2% (17: 22) have occupied three or more posts. Indeed, two of the later group have held as many as seven different positions. In addition to parish charges, 14 had been Chaplains to the Armed Forces, 7 Overseas Missionaries, 3 had held Colonial or Continental Charges, and 11 had held a variety of other non-parochial appointments. These figures, furthermore, make no provision for the fact that almost one half of these men (41) had previous occupational experience and that most of them, with very few exceptions, had also been involved in at least one appointment as Probationer Assistants prior to ordination. One wonders how the occupational mobility involved in the ministry compares with that of other professions, such as medicine, law, and education. It is certainly a very notable feature of the experience of Church of Scotland ministers. (1)

The parish histories of these men, in terms of the total number of parishes occupied and the years spent in their current parishes, also

(1) It is interesting to note that no fewer than 8 of these men have moved to new appointments in the year since being interviewed.

reveals a wide variety of experiences. The following table refers only to the parish experience of these men.

TABLE 52: Number of Parishes and Years in Present Parish

| Parish No. | Years in Present Parish | | | | | | | Total |
|------------|-------------------------|-----|-------|-------|-------|-------|-----|-------|
| | -5 | 5/9 | 10/14 | 15/19 | 20/24 | 25/29 | 30- | |
| 1 | 7 | 8 | 1 | - | 1 | - | 1 | 18 |
| 2 | 7 | 6 | 10 | 3 | 6 | 1 | 1 | 34 |
| 3 | 2 | 3 | 8 | - | 3 | 1 | - | 17 |
| 4 | 7 | 3 | 2 | 1 | - | - | - | 13 |
| 5 | 1 | - | - | - | - | - | - | 1 |
| 6 | 1 | 1 | - | - | - | - | - | 2 |
| TOTAL | 25 | 21 | 21 | 4 | 10 | 2 | 2 | 85 |

A relatively large proportion of these men (25: 85) were comparative newcomers to their present parishes, having been installed for less than 5 years. The majority (42: 85), however, had occupied their current charges for periods between 5-14 years. At the other extreme, 4 men, all ordained prior to the war, had been in their present parish for more than 25 years. These figures support the earlier finding that the average Church of Scotland minister could expect to occupy between 3 and 5 parish appointments during his ministry, spending between 8 and 10 years on average in each post (the rate of mobility evidently tends to decrease with age), quite apart from additional appointments in previous employment, as Probationers, or involving non-parochial positions. It is also evident that the average minister gains experience of divers parochial environments during the course of his career; although there are isolated examples of long-term ministries in one parish and examples of

men who tend to 'specialize' in a particular type of parish, these are uncommon.

3. GENERAL HEALTH EXPERIENCE

In the early stages of the interview, having established personal identifying data and background information (Questionnaire Part I), each minister provided a comprehensive health history in response to questioning (Questionnaire Part II). These records, understandably, are highly personal and extremely detailed, and it has been necessary to exercise a vigorous process of simplification and selection to reduce the collected information to manageable proportions for the purposes of reporting the essentials of their health experience. For the purpose of analysing their general health records and dimensions of their experience (Chapter 13, following), the 85 informants have been divided into two groups simply on the basis of age: those under (32: 85) and over (53: 85) 45 years of age. This is not an entirely arbitrary decision. Mortality data (q.v. Chapter 9) revealed that Church of Scotland ministers tend to enjoy particularly favourable health up to the age of 45 years and that their health deteriorates rapidly thereafter. Hence, the decision was made to adopt 45 years as a point of division. Moreover, the original intention had been to analyse the experience of these men on the basis of both age and the types of parish (urban, intermediate, and rural) occupied by these men, subdividing the sample population into six categories. But an initial analysis of data made on this basis revealed no significant variations according to the type of parish and an appreciably larger sample population would be required to undertake a more sophisticated factor analysis with any reliability. So the final analysis of the collected information has been made solely on the basis of age.

The following report, of necessity, can be no more than descriptive. There is no available basis for comparison. Nevertheless, it does provide valuable additional information concerning health and illness in the experience of Church of Scotland ministers.

(i) General Health. The experience of these ministers generally confirms the findings established by the preceding mortality and morbidity studies and also provides insight into those personal processes and experiences which eventually express themselves in disablement and death. However, before considering those processes, it is necessary to establish the main features of the health experience of these men.

The favourable health experience of these men is illustrated by the frequency with which they have required medical attention within the preceding 10 year period, 1959-1968 (Table 53, following). As could be expected, the frequency increases with age.

TABLE 53: Frequency of visits for medical attention in the preceding ten years

| Frequency | -45 | 45+ | Total |
|---|-----|-----|-------|
| Regular attention (usually for a particular complaint) | 3 | 11 | 14 |
| Frequent: 10 or more (i.e. more than once per year) | 5 | 12 | 17 |
| Occasional: 5-10 visits | 6 | 8 | 14 |
| Few: less than 5 visits | 14 | 18 | 32 |
| None | 4 | 4 | 8 |
| TOTAL | 32 | 53 | 85 |

The outstanding feature of this aspect of their experience is the proportion of these men, 38: 85 (i.e. 44.7%), who had required little or no medical treatment in the preceding ten years and 22 of these were

aged 45 years or more. In 8 instances, these men had not received any kind of treatment in this period. At the other extreme, 14 of these men (i.e. 16.4%) were receiving regular and constant treatment for a variety of chronic or persistent complaints.

It could be, of course, that some of those who had not sought treatment in this period had, for one reason or another, simply ignored complaints which would normally require attention. However, when the periods of temporary incapacity reported by these men are examined it becomes apparent that these same 38 men had never required more than a week off work at any time since ordination (Table 54, following). Indeed, 14 of these men, including 6 over 45 years of age, attested that they had never been off work due to sickness, while the remaining 24 had required varying periods for recuperation from relatively minor complaints. In fact, most of these men reported remarkably few negative personal health experiences.

It is evident that the health history of the remaining 47 men has been appreciably less favourable and has involved periods of temporary incapacity varying from less than a week to extended leave of absence for periods in excess of three months. At the same time, this simple tabulation of temporary incapacity is unsatisfactory and tends to present a distorted picture in some respects. All periods of incapacity have been recorded without making any distinction between the extremes. For instance, one man may have had only one period off work for surgical treatment of a specific complaint while a colleague may have had numerous periods off work, possibly culminating in extended leave of absence.⁽¹⁾ Nevertheless, the

(1) A more precise and satisfactory indication of incapacity for work could have been achieved by calculating the total number of work days lost per man in a given period. However, the collected data was not sufficiently precise to facilitate such a measure.

TABLE 54: Periods of temporary incapacity since ordination

| Total Periods of Incapacity | -45 | 45+ | Total |
|---|-----|-----|-------|
| 1. Leave of absence (3 months or more): | | | |
| (i) Physical Disorders | 1 | 2 | 3 |
| (ii) Psychiatric Disorders | 2 | 3 | 5 |
| 2. Month or more (1-3 months): | | | |
| (i) Hospitalized | 4 | 8 | 12 |
| - more than once | 3 | 4 | 7 |
| (ii) Confined | 4 | 1 | 5 |
| 3. 1-4 Weeks | 4 | 11 | 15 |
| 4. Less than one week: | | | |
| (i) Frequent | 10 | 19 | 29 |
| (ii) Occasional | 8 | 13 | 21 |
| 5. Never | 8 | 6 | 14 |

two opposite extremes are fairly clearly established. On one side, as has been seen, 38 of these men have never been incapacitated for more than a week (including 14 who have never been off work) since their ordination. On the other hand, 8 of these men (i.e. 9.3%) have required more than three months leave of absence in order to seek treatment and to recuperate from major medical or psychiatric disorders. Between these two extremes there are 39 men who have had varying experiences of temporary disability.

The most outstanding feature of the health history of this group of men is that almost one half of them (38: 85) have required little or no medical attention over a period of ten years and have been rarely or never incapacitated by illness. At the other extreme, 24 men have suffered from relatively severe physical or mental disorders requiring extensive and specialized treatment, in 8 instances (i.e. 9.3%) requiring more than three months leave of absence.

(ii) Principal Diseases, Disorders, and Complaints. The principal diseases and disorders commonly suffered by Church of Scotland ministers have been identified and considered in detail in examining the mortality and morbidity experience of this group.⁽¹⁾ The health history of this sample population, as one would expect, is consistent with the findings reported earlier. However, the personal survey did elicit further information of considerable significance, particularly with respect to the psychosomatic symptoms and complaints, psychoneurotic disorders, and personality difficulties which these ministers experience.

Morbidity obviously covers a wide spectrum of conditions, from a common cold to a chronic respiratory disorder, from a headache to a permanently crippling cerebral haemorrhage. It is very much a matter of degree. This presents almost insuperable difficulties in identifying and classifying morbid conditions and almost insurmountable problems are involved in attempting to achieve an acceptable basis of standardization.⁽²⁾ For the purposes of this discussion, three criteria have been applied in recording the illnesses experienced by these men. Firstly, our particular concern is the health experience of these men since their entry to the ministry. Therefore, any illnesses or disorders suffered prior to their ordination have been put aside except those which have had a lasting effect on the health of individual ministers (e.g. rheumatic heart disease or poliomyelitis). Secondly, any disorders, suffered since ordination, which have required any kind of medical, surgical, or psychiatric treatment have been recorded. Then, thirdly, any complaints which have been at least temporarily incapacitating, irrespective of their severity and whether or not the individuals concerned had sought professional help, have been included for the purposes of the following discussion. These standards,

(1) q.v. Chapters 9 and 10.

(2) q.v. Chapter 8.

which provide the basis for the following tabulation (Table 55, following), obviously make provision for the inclusion of a wide variety of complaints, all of which, however, have proven to be disruptive to some extent in the personal experience of these ministers.

TABLE 55: Principal Diseases, Disorders, and Complaints

| CATEGORIES (Int. Class) | | -45 | 45+ | Total |
|-------------------------|--|-----|-----|-------|
| TOTAL SURVEY POPULATION | | 32 | 53 | 85 |
| No Record of Illness | | 4 | 3 | 7 |
| I | Infective and parasitic diseases (001 - 138) | 12 | 16 | 28 |
| II | Neoplasms (140 - 239) | - | - | - |
| III | Allergic, Endocrine System, Metabolic and Nutritional Diseases (240 - 289) | 4 | 17 | 21 |
| IV | Diseases of the Blood and Blood Forming Organs (290 - 299) | 1 | 3 | 4 |
| V | Mental, Psychoneurotic, and Personality Disorders (300 - 326) | 25 | 33 | 58 |
| VI | Diseases of the Nervous System and Sense Organs (330 - 398) | 5 | 15 | 20 |
| VII | Diseases of the Circulatory System (400 - 468) | 3 | 15 | 18 |
| VIII | Diseases of the Respiratory System (470 - 529) | 15 | 21 | 36 |
| IX | Diseases of the Digestive System (530 - 587) | 11 | 17 | 28 |
| X | Diseases of the Genito-Urinary System (590 - 637) | 2 | 3 | 5 |
| XIII | Diseases of the Musculo-Skeletal System (720 - 749) | 6 | 11 | 17 |
| XVI | Symptoms referable to Systems and Organs, and ill-defined conditions (780 - 795) | 12 | 17 | 29 |
| Accidents/Injuries | | 4 | 6 | 10 |

The experience of these men generally confirms the earlier finding that ministers of the Church of Scotland are not particularly prone to suffer diseases or disorders directly attributable to harmful personal

habits, self-neglect, or detrimental living and working conditions. At one time or another, 28 (i.e. 32.9%) of these men have suffered from infective and parasitic diseases, the most common being pleural effusion (6), poliomyelitis (6), malaria (5), meningitis (4), and tuberculosis (4). However, in 15 of these cases the infection had been contracted in childhood or youth and had had some permanent effect on the individual's health. This is true, for example, of all those (6) who had been afflicted by polio. In a number of cases, involving meningitis (4), typhoid (1), dysentery (2), septicaemia (1), and malaria (5), the infection had been contracted in unusual circumstances, for example, during war-time service, during epidemic conditions, or when individuals had been engaged in the overseas services of the Church. Curiously, infective and parasitic illnesses have been slightly more prevalent in the experience of the younger age group.

Diseases of the respiratory system, including sinusitis (6), laryngitis (5), pneumonia (8), and bronchitis (8), have been rather more common, being reported in 36 (i.e. 42.3%) cases. One or more bouts of influenza have been experienced by 17 (i.e. 20.0%) of these men. But, in general, these disorders have not been severe: only three suffered from chronic bronchitis and all of those who had suffered from pneumonia had made complete recoveries following brief periods of hospitalization and intensive care.

Diseases of the digestive system, especially ulcerative conditions, including duodenal ulcers (7), gastric ulcers (4), and colitis (2), have been more prominent in the health experience of these men. They have been less prevalent, being reported in 28 cases (i.e. 32.9%), but have often been of greater severity, necessitating hospitalization, surgical treatment, or regular medical attention in 17 instances. Chronic dyspepsia (13) is

also relatively common, especially in the older age group, although it is rarely incapacitating. The group of ulcerative conditions, reported in 13 (i.e. 15.2%) individual cases, appear to be of some importance but how far they may be directly attributable to unhealthy habits or practices, such as inadequate nutrition or excessive smoking, is not certain. It is not unlikely that stress factors may also be involved. With respect to duodenal ulcers, it is noteworthy that these have been much more common in the experience of men under 45 years of age: of the seven cases five are in the younger age group.

The mortality and morbidity experiences of Church of Scotland ministers suggested that these ministers tend to look after themselves, observe basically healthy habits, and are not exposed to any notable external threats to their physical health. This general finding is supported by the experience of this sample population. The only possible exception is the prevalence of obesity and excessive-weight problems; 17 (i.e. 20.0%) of these men, on their own reckoning, were troubled by weight problems and considered themselves to be substantially overweight. This may suggest an element of self-neglect, inadequate physical activity and exercise, or unsatisfactory nutrition. This factor should not be exaggerated, however, for the general health histories reported by this sample population are remarkably positive, especially at a physical level.

However, the health of these men is appreciably less positive when considered in terms of mental, psychoneurotic, and personality disorders and difficulties and in terms of the various stress symptoms from which they suffer. These constitute the largest single group of disorders reported by these men, being present to a significant degree in at least 58 (i.e. 68.2%) of these total cases and embracing a wide range of disintegrative symptoms and disorders.

(iii) Psychiatric Disorders and Stress Symptoms. It has been seen⁽¹⁾ that Mental, Psychoneurotic, and Personality Disorders have been the third greatest cause of permanent disablement among Church of Scotland ministers in the period since 1950 and, although the total incidence of these disorders as a cause of disablement has not increased, they have affected men at progressively younger ages. These disorders and a variety of stress symptoms assume even greater importance when the experience of this representative sample of parish ministers is considered. Two in every three of these men have experienced psychiatric disorders, psychoneurotic disturbances, personality difficulties, and emotional stresses, often accompanied by physical symptoms and complaints, of sufficient intensity to be at least temporarily incapacitating for some period or periods since their ordination. The proportion is even higher, three in every four, in the younger age group under 45 years of age.

These disintegrating and disruptive difficulties cover a wide range of complaints, varying very considerably in intensity and in the extent of their incapacitating effects (Table 56 following). Evaluated in terms of their intensity, disruptive effects, and extent of treatment required, these complaints fall into four main categories, although they do tend to merge and it is difficult to establish absolute lines of demarcation between them.

At the one extreme are 2 cases of men who suffer from acute psychiatric disorders, probably psychotic in nature, who have been undergoing long-term and intensive psychiatric treatment. Both these men had undergone several periods of hospitalization and both had required at least three months leave of absence. It was considered imprudent and unnecessary to explore the history of these men's complaints⁽²⁾; but both voluntarily

(1) q.v. Chapter 10: Morbidity Experience.

and spontaneously offered sufficient information to indicate that they experienced cyclic depressive episodes of severe intensity, (frequently precipitated by passive-aggressive conflicts); and often accompanied by suicidal thoughts and morbid preoccupations. Moreover, both considered that specialized psychiatric treatment had significantly reduced the frequency and intensity of their particular difficulties and had enabled them to function more effectively.

TABLE 56: Mental, Psychoneurotic, and Personality Disorders

| Diagnosis | -45 | | 45+ | | Total | |
|---|-----|------|-----|------|-------|------|
| | No. | % | No. | % | No. | % |
| Total Cases | 25 | 78.1 | 33 | 62.2 | 58 | 68.2 |
| Psychoses | - | - | 2 | 3.7 | 2 | 2.3 |
| Anxiety State | 1 | 3.1 | 3 | 5.6 | 4 | 4.7 |
| Depression | 3 | 9.3 | 4 | 7.5 | 7 | 8.2 |
| Nervous Breakdown | 7 | 21.8 | 8 | 15.0 | 15 | 17.6 |
| ... Neurotic symptoms: nervous exhaustion, fatigue and mild depressive symptoms | 19 | 59.3 | 24 | 45.2 | 43 | 50.5 |
| Character, Behaviour, Intelligence Disorders | 4 | 12.5 | 9 | 16.9 | 13 | 15.2 |

The second group are much more significant in the overall picture of the health of Church of Scotland ministers. This comprises 23 men (i.e. 27.0% of the total) who have suffered from a variety of psychoneurotic disorders which have required specific treatment, whether hospitalization, medication, or psychotherapy. In 15 of these cases men reported that they had suffered at least one "nervous breakdown" or a period of acute "nervous exhaustion" since their ordination. In three of these instances the experience had been of sufficient intensity to

require leave of absence for more than three months in order to receive treatment and for recuperation. Five of these men reported that they had suffered a "nervous breakdown" during the final year of theological education, prior to their final examinations, and had subsequently suffered another "breakdown" since their admission to the ministry (one man had had three such breakdowns). In addition, another 8 men had received medical treatment or had engaged in psychotherapy (sometimes both) in order to cope with depression or acute anxiety states. A much higher proportion of these men (see Table 56) were under 45 years of age.

Another important group were 13 men (i.e. 15.2% of the total) who disclosed personality conflicts and difficulties, which tended to be a perpetual preoccupation and a source of guilt, anxiety, and depression. In all but one case, these conflicts had predominantly sexual content and associations, usually with a compulsive-obsessive character. Eight of these men disclosed compulsive-obsessive sexual preoccupations, variously associated with recurrent heterosexual fantasies, masturbation, homosexuality, and specific sexual phobias, which they found impossible to manage and a constant source of guilt. Three of these men had "acted-out" their fantasies and had suffered acute guilt-reactions in consequence and lived with the constant fear of detection and possible disgrace. The other 5 men disclosed a variety of phobias and obsessions. But in all of these cases, the personality difficulties of these men was closely associated with a strong sense of guilt and a fear of public exposure which often culminated in frequent periods of mild depression. However, only 4 of this group had sought professional help in understanding and coping with their particular difficulties and were currently engaged in individual or group therapy. The remaining 9 had never confided in anyone and had carefully concealed their difficulties, although 7 had sought medication to relieve their tensions and depressive symptoms.

without revealing the underlying nature of their complaints. Perhaps this is a measure of the stigma which they associate with their personal difficulties.

The fourth group are 27 men (i.e. 31.7% of the total) who revealed that they frequently experience a significant degree of fatigue and generalized but typically depressive symptoms. These mild depressive reactions are manifest in periods of lethargy, emotional flatness, withdrawal, loss of motivation, concentration, and appetite. In 11 cases these men had been prescribed appropriate medication to combat their depressions, and 9 others had considered doing so but feared the possibility of developing a drug-dependency and preferred to remain self-reliant. These depressive reactions and frequent periods of acute fatigue, experienced by 43 (i.e. 50.5%) men in the total sample (including 16 in the three preceding groups), usually follow periods of intensive occupational activity, especially activities requiring a high degree of emotional investment or activities involving the minister's public 'reputation'. It is particularly striking that these symptoms most commonly occur after a minister's participation in an important public occasion, at the end of an important Christian festival like Communion Sunday (usually quarterly in the Church of Scotland), following a pastoral crisis involving tragic circumstances, and in the week following Holy Week and Easter. (It is even more common for these ministers to feel emotionally flat and "washed out" following the completion of their preaching commitments on Sunday. But this is usually a brief and transitory phase which is soon alleviated.) A number of these ministers take a week's holiday immediately or soon after Easter as a standard practice in order to gain relief from nervous tension and to

recover from 'fatigue'. Another common phenomenon is that many of these men tend to experience fatigue symptoms, with depressive characteristics, if they receive a serious disappointment or set-back in their ministry, if, for example, their carefully considered plans and proposals receive unexpectedly fierce opposition or if their best intentions are misconstrued or if their efforts receive no response. However, whatever the causes, these generalized fatigue symptoms and feelings of depression are common in the experience of Church of Scotland ministers.

The prevalence of these disorders and difficulties among this representative sample of Church of Scotland parish ministers suggests that they are more vulnerable to emotional stress and intrapersonal conflicts than their general health record, as revealed by mortality and morbidity data, would indicate. It also emerges that nervous breakdowns, depression, nervous tension, fatigue, and generalized depressive symptoms are more common in the younger age groups under 45 years of age, while personality difficulties are slightly more prevalent in the older age group.

It is also apparent that these mental, emotional, and personality difficulties are frequently associated with and possibly contribute to the development of physical symptoms and disorders. Complaints often regarded as being psychosomatic in nature⁽¹⁾ are evident in the experience of 48 (i.e. 56.4% of the total) of these men: for example, asthma (2), diabetes (2), migraine (6), hypertension (5), peptic ulcers (11), dyspepsia (13), colitis (2), arthritis (7), angina of effort (10), and frequent headaches (22). It is particularly noteworthy that a quarter of all these ministers (22: 85) suffer frequent and severe headaches and a further six are afflicted by severe migraine attacks, which most of them personally associate with emotional stresses of various kinds rather than with any physical disorder.

(1) q.v. Chapter 10.

From these aspects of the health history of these men, it would appear that emotional stress and intrapersonal conflicts play a significant part in the overall health experience of Church of Scotland parish ministers: certainly more than is suggested by their generally positive health record. It also seems not unlikely that these stresses and conflicts not infrequently become manifest in the emergence of physical symptoms and a variety of psychosomatic disorders. The particular forms and sources of tension to which these ministers are most commonly subject will be examined in the following chapter.

Summary

In this chapter we have established and examined the main features of the personal, occupational, and health histories of the survey population. In addition to providing further information about the common background characteristics of Church of Scotland ministers and about their occupational experience, it has been possible to gain greater insight into their personal experiences of health and illness. It has become most evident that emotional stress and personality conflicts make a major contribution to their experience of integration and disintegration.

The principal identifying characteristics of the representative sample population of Church of Scotland ministers may be summarized as follows.

The sample population was selected as a Representative Sample of active parish ministers in the Church of Scotland ordained between 1930 - 1968. The survey was confined to the 'Central Industrial Belt' of Scotland.

The sample population numbered 85. This represents 4.6% of the total number of parish ministers (1827), and 9.3% of the total number of parish ministers in the survey area (961). Both of these proportions would be appreciably higher if all active ministers over the age of 65 years were deleted from the total population figures and if vacant parishes in the survey area were excluded from the total.

1. Age

| | |
|-----------------------|----|
| under 30 years | 1 |
| 30-39 | 18 |
| 40-49 | 23 |
| 50-59 | 26 |
| 60 years and over ... | 17 |

Average age: 48.7 years
Range: 28 - 66 years.

2. Years of Ordination

| | |
|-----------------|----|
| 1930-1939 | 22 |
| 1940-1949 | 25 |
| 1950-1959 | 21 |
| 1960-1968 | 17 |

3. Type of Parish

| | |
|--|-------------|
| Urban | 37 (43.5%) |
| Intermediate i.e. large towns/burghs. | 23 (25.88%) |
| Rural-landward | 25 (29.42%) |

(All in the 'Central Industrial Belt'; but 28 had held parishes in the Highland, Island, and S.W. Border areas.)

4. Family of Orientation

(a) Parents' Social Class:

| | | |
|-----------|----|-----------------|
| I | 28 | } i.e. 51.8% |
| II | 16 | |
| III | 14 | |
| IV | 19 | |
| V | 5 | |

(b) Place in Family:

| | | |
|-----------------------------|----|-----------------|
| Only sons .. | 15 | } i.e. 54.1% |
| Eldest | 31 | |
| Second | 12 | |
| Between 2nd and youngest | 10 | |
| Youngest | 17 | |

Average family size: 3.2

(c) Religious Background (family affiliation):

| | |
|---|------------|
| Church of Scotland .. | 62 (72.9%) |
| U.F., Free, and other Presbyterian | 9 |

| | |
|------------------------|---|
| Other Protestant | 8 |
| Catholic | 0 |
| None | 6 |

Note: 15 ministers' sons, 2 Lay Missionaries, 2 Medical Missionaries (i.e. 19).

5. Education

(a) Theological:

| | |
|---|----|
| Standard Course (e.g. M.A., B.D.) | 56 |
| Special Course for War Service Candidates and the Modified (non-grad) Course | 17 |
| Post-Graduate Theol. | 12 |

(b) Professional & Technical:

| | |
|---|---|
| Professional Quals. | 6 |
| Technical Diplomas | 3 |
| Business procedures and management | 5 |
| Trade apprenticeships | 4 |

6. Family of Procreation

(a) Marital Status:

| | |
|--------------------------|----|
| Married | 75 |
| 2nd Marriage | 2 |
| Widowers | 1 |
| Divorced/Separated | 0 |
| Single | 7 |

(b) Children:

| | |
|---------|----|
| 0 | 8 |
| 1 | 13 |
| 2 | 18 |
| 3 | 27 |
| 4 | 10 |
| 5 | 2 |

(Average: 2.3)

(c) Wives' Age:

| | |
|---|----|
| More than 5 years younger (5-12 years) | 25 |
| Same age to 4 years younger | 43 |
| Older (2-8 years) | 10 |

Family of Procreation (cont.)

(d) Wives' Occupation:

| | |
|--|----|
| Professional..... | 45 |
| incl. Teachers ... | 30 |
| Nurses | 7 |
| Technical, Commercial, and Business Admin. .. | 7 |
| Secretarial, Clerks .. | 16 |
| Skilled Trades | 4 |
| No occupation | 6 |

7. Previous Occupations

| | | |
|-----------------------|----|------------|
| None pre-ministry ... | 44 | i.e. 51.7% |
| Professions | 7 | |
| (includes 4 Teachers) | | |
| Technical/Commercial | 5 | |
| Armed Services | 12 | |
| Insurance, clerical.. | 11 | |
| Skilled Trades | 4 | |
| Farmers | 2 | |

8. Ministerial Experience

(a) Age at Ordination:

| | |
|----------------------|----|
| under 25 years | 6 |
| 25/29 | 53 |
| 30/34 | 21 |
| 35 and over | 5 |

(i.e. 87.1% between 25 and 34 years of age)

Includes 8 ordained in other denominations later admitted to the Church of Scotland.

(b) Non-parochial Experience:

| | |
|---|----|
| One or more non-parochial positions | 29 |
| Chaplains to Forces . | 14 |
| Overseas Missions ... | 7 |
| Colonial/Continental. | 3 |
| Other non-parochial.. | 11 |

(c) Occupational Mobility:

| Appointment No. | Parishes | Total Positions |
|-----------------|----------|-----------------|
| 1 | 18 | 10 |
| 2 | 34 | 31 |
| 3 | 17 | 18 |
| 4 | 13 | 18 |
| 5 | 1 | 6 |
| 7 | - | 2 |

CHAPTER 13

DIMENSIONS OF EXPERIENCE: PHYSICAL, INTRAPERSONAL,
INTERPERSONAL, AND VOCATIONAL

Introduction

Up to this point, our discussion has been chiefly concerned with the external, presenting symptoms of health and illness in the experience of Church of Scotland ministers, especially as these are manifested in mortal and morbid phenomena. It has been firmly established that these ministers, as a group, enjoy a high degree of physical health, although there are recent signs of a decline in their overall health. However, it has also emerged that emotional stresses and intrapersonal conflicts figure prominently in the illnesses most commonly suffered by this clergy group and that these stresses and conflicts are often expressed in psychological and psychosomatic forms of disintegration and disruption. The symptoms are quite evident. But it is necessary to investigate the personal experience of individual ministers in order to uncover the factors and processes which lie behind these symptoms.

It is impossible to make absolute distinctions between the various dimensions of a person's total experience or to fragment the person's experience into self-contained units without considering the intricate pattern of inter-dimensional processes involved. It is simply a matter of convenience to consider the experience of Church of Scotland clergy in terms of physical, intrapersonal, interpersonal, and vocational dimensions, while remembering that these dimensions are only aspects of an integrated entity, a person, and that processes involved in one dimension usually impinge on other dimensions. The inter-relatedness of these areas of human life is illustrated by the fact that few of

the questions posed in the survey interviews have exclusive reference to any one dimension. As will become apparent in the following discussion, responses to a single question (or group of questions) may have relevance for several dimensions of personal experience.

1. The Physical (Somatic) Dimension

The basic criterion in evaluating the health of a person or group is the degree of harmonious physiological functioning which is apparent. Life has an organic foundation and biological harmony, as one aspect of ontic self-affirmation, is constitutive for health. Measured in terms of biological self-affirmation, the health of Church of Scotland ministers is relatively positive. By inference, this suggests that these men generally observe positive personal habits and standards of hygiene and that the conditions of their life and work present no serious threats to their physical well-being.

When the experience of the sample population of active parish ministers is considered, particularly in terms of personal habits and practices, three outstanding facts emerge. First, these men tend to place great emphasis on the importance of exercising personal responsibility and usually have a strong sense of accountability for the way in which they utilize their physical resources. Secondly, however, it also becomes apparent that they are not as particular or as fastidious about personal health standards as might be popularly supposed. Then, thirdly, there is clear evidence of a significant change in attitudes and practices among the younger group of ministers, a fact which may have very considerable significance.

(i) Health habits and practices (Q. 22). A third of those men interviewed (30: 85) observe specific habits and practices with the express intention of preserving and enhancing their personal health.

For most of them, these practices are a matter of responsibility and are an expression of positive stewardship of their physical resources. These practices are chiefly designed to satisfy basic needs for adequate exercise and physical activity, for suitable nourishment, and for sleep and relaxation. From a negative point of view, they also involve the avoidance of self-neglect and possibly harmful addictions, habits, or sanitary conditions.

However, it is a striking fact that the observance of such practices is much more prevalent among the older age group of those interviewed. Of those men under 45 years of age only 25.0% (8: 32) take such positive steps, as a conscious and deliberate policy, in order to promote and preserve their personal health. By contrast, this is true of 41.5% (22: 53) of those over 45 years of age. This general contrast, suggesting a marked difference in attitudes, is most apparent when particular personal habits and practices are considered.

(ii) Smoking (Q. 31). The hazards of nicotine addiction and the detrimental effects of habitual and excessive cigarette smoking in particular have been recognized and forcefully brought before public attention in recent years. The perils of this addictive habit are undisputed. The Church of Scotland, as represented by the General Assembly, has given much attention to the medico-ethical issues aroused by this personal habit and to its implications as a major threat to public health. The Church of Scotland has expressed the firm view that its members should avoid this unhealthy practice as a matter of Christian responsibility and has recommended that Kirk Sessions should consider imposing a ban on smoking in Church buildings. This position was unequivocally stated in a report to the General Assembly in 1964,⁽¹⁾ which reviewed the findings of research, referred to the example set

(1) Reports to the General Assembly, 1964, p. 347 ff.

by the medical profession, and which made special mention of the influence which ministers could exert in this respect:

"It used to be well known that ministers were one of the heaviest smoking classes. This is now contested, though it is difficult to get accurate figures. If that is no longer the case it will be a great help as our young people think there cannot be much harm in it when they see their minister smoking cigarette after cigarette and handing them out to his Youth Fellowship."⁽¹⁾

The report also added:

"Medical opinion now looks on the cigarette as a killer and when something is deadly we should not be too tolerant. as churchmen we will have to set an example which for many of us will be hard beyond endurance."⁽²⁾

The official view of the Church of Scotland is clear. However, it eventuates that almost one half of the ministers interviewed (39: 85) are smokers, though a slightly smaller proportion would be classed as regular and habitual smokers (33: 85).

The fact that almost half of these ministers are smokers is somewhat unexpected in view of the unusually low prevalence of diseases and disorders of the respiratory system, including cancer of the respiratory system. However, a smaller proportion, 21.1% (18: 85), are regular cigarette smokers. Furthermore, there are two significant differences in the practices of the two age groups. The older age group contains significantly fewer cigarette smokers and a considerably larger proportion of ex-smokers (some of whom had given up the habit after many years of smoking) than the younger age group. More than

(1) Reports to the General Assembly, 1964, p. 347.

(2) Ibid., p. 348.

TABLE 57: Smoking Habits

| Category | -45 | 45+ | Total |
|----------------------|------------------|-------------------|-------------------|
| (i) Smokers | | | |
| (a) Occasional Cigar | 1 | 5 | 6 |
| (b) Pipe | 5 | 10 | 15 |
| (c) Cigarettes | 11 (34.3%) | 7 (13.2%) | 18 (21.1%) |
| | <u>17</u> | <u>22</u> | <u>39</u> |
| - No. per day: -5 | (-) | (1) | |
| 5/10 | (2) | (1) | |
| 10/20 | (6) | (1) | |
| 20+ | (3) | (4) | |
| (ii) Ex-Smokers | <u>5 (15.6%)</u> | <u>18 (33.9%)</u> | <u>23 (27.0%)</u> |
| (iii) Non-Smokers | <u>10</u> | <u>13</u> | <u>23</u> |
| TOTAL | 32 | 53 | 85 |

one-third of those under 45 years of age (11: 32) are habitual cigarette smokers, the majority of whom smoke up to 20 cigarettes per day. On the other hand, a similar proportion in each age group are complete non-smokers.

Behind these habitual differences there is an equally marked difference in the attitudes expressed by the two groups. A greater proportion of men in the older age group are definitely and positively opposed to smoking as a major threat to personal health and on the grounds of Christian responsibility (56.6% as to 43.7%). This applies to some in both groups who regret that they ever acquired the habit and would give it up "if they could". On the other hand, a slightly larger proportion of the younger men (40.6% as to 35.8%) hold the view that it

should remain a matter for personal decision; emphasizing "liberty of conscience" and "individual freedom".

(iii) Alcohol: Habits and Attitudes (Q. 30). A similar pattern emerges when the drinking habits and attitudes of these ministers are examined. More than two-thirds of these men (59: 85) drink alcoholic beverages and, once again, the proportion is appreciably higher in the younger age group. This fact comes as something of a surprise when considered in relation to the officially stated attitude of the Church of Scotland although the official view does make provision for "liberty of conscience".

TABLE 58: Consumption of Alcoholic Beverages

| Category | -45 | 45+ | Total |
|--------------------------|-------------------|-------------------|-------------------|
| (i) Drinkers | | | |
| - rarely (yearly) | 1 | 4 | 5 |
| - occasionally (monthly) | 11 | 18 | 29 |
| - often (weekly) | 9 | 9 | 18 |
| - frequently (daily) | 4 | 3 | 7 |
| | <u>25 (78.1%)</u> | <u>34 (64.1%)</u> | <u>59 (69.4%)</u> |
| (ii) Ex-Drinkers | <u>2</u> | <u>-</u> | <u>2</u> |
| (iii) Non-Drinkers | <u>5 (15.6%)</u> | <u>19 (35.8%)</u> | <u>24 (28.2%)</u> |
| TOTAL | 32 | 53 | 85 |

The experience of the younger group differs from that of the older group in three respects: a higher proportion of them are drinkers (78.1% as to 64.1%); more of them drink alcoholic beverages as a standard and regular practice (40.6% as to 22.6%); and three of them admit to some difficulties in managing their drinking habits (two of

whom had given up drinking because they feared that they were rapidly moving toward alcoholism) while none of the older group disclosed such difficulties or fears. It is a corollary of these facts that more than twice as many of the older men (35.8% to 15.6%) are confirmed teetotalers.

There is an equally marked difference in attitudes toward the practice of drinking alcoholic beverages between the two groups. A strong emphasis upon the importance of exercising moderation and temperance is expressed by both groups, and on the evidence of their own testimonies it would seem that the drinkers among these men are temperate in their habits. Most of them are acutely aware of the possible influence of their personal example. The principal difference is that a much larger proportion of the older men adopt the view that "moderation in private" is acceptable and responsible (30.1% as to 12.5%).

TABLE 59: Attitudes toward Alcohol

| Attitude | -45 | 45+ | Total |
|--|-----|-----|-------|
| (i) Total abstinence: alcohol inherently evil | 3 | 7 | 10 |
| (ii) Opposed on grounds of social consequences and damage to personal health | 4 | 12 | 16 |
| (iii) Moderation in private | 4 | 16 | 20 |
| (iv) Moderation in public - social circumstances | 19 | 18 | 37 |
| (v) Individual freedom and liberty of conscience | 1 | - | 1 |
| TOTAL | 32 | 53 | 85 |

By contrast, the majority of the younger men put forward the view that "moderation in public and social circumstances" is acceptable and

consider that the minister may provide a valuable example in this respect by publicly avoiding the extreme of self-abuse and lack of control. Fewer men in both age groups express unequivocal opposition to this personal practice and most of these are chiefly concerned with the personal and social consequences rather than with the "demonic" character of alcohol per se. It is notable that of the 26 who either insist on total abstinence as a basic principle of Christian behaviour (10: 85) or who express grave concern about the social consequences of alcohol (16: 85) twelve men had direct experience of the consequences and difficulties of alcoholism within their immediate family circle. These include a number whose fathers had been alcoholics with disastrous effects on family life.

(iv) Nourishment and Diet. Almost a quarter of these men (20: 85) observe specific dietary standards and habits, most commonly by "intentionally under-eating" or by following a balanced dietetic routine, strictly limiting the consumption of fats and carbohydrates. The contrast between the two age groups is again most marked and a higher proportion of the older group (28.3% as to 15.6%) observe such standards and routines.

In general, however, this group of ministers is not particularly preoccupied with or fastidious about dietary standards. For most of them (60: 85) eating is a real source of pleasure and satisfaction and a few of them (13: 85) regard opportunities to dine-out as one of their greatest pleasures. Of the remainder, twenty regard the need for nourishment simply as a necessity which has to be satisfied and a further six find the routine of eating tedious and time-wasting. Generally, however, these ministers regard the satisfaction of this basic need as a pleasure, most take positive steps to gain adequate and regular nourishment, and about a quarter observe specific dietary standards.

(v) Physical Activity and Exercise (Q. 28). The ministry is not infrequently described as a "sedentary occupation". With respect to the experience of Church of Scotland ministers and as a generalization this appears to be an apt description. The activities of Church of Scotland ministers are not physically demanding and involve no physical exertion or stress. There is some suggestion that this may be an important factor in the prevalence of coronary heart disease in the ministry and within other sedentary professions, though this is not conclusive. The only physical activity necessitated by the functions of the ministry is the amount of walking and stair-climbing involved in pastoral visitation. Otherwise the minister is physically passive in the exercise of his duties. This makes it all the more important that the individual minister should take steps to gain adequate physical exercise.

About one half (47.0%) of this total sample take active steps to gain adequate exercise and physical recreation. This they do as a matter of habit with the express purpose of enhancing their personal health, and there is no appreciable age difference in this respect though the forms of exercise vary according to age. Some men actively engage in sports, most commonly golf, tennis, swimming, bowls, sailing and boating; some men, particularly in the older age group, spend a part of each day or one period during the week for vigorous walking; and others follow a regimen of recommended daily exercise. There are many variations. But almost half of the men in this sample plan for regular exercise.

The other half are rather more casual about the need for physical exercise. Some of these regard physical activities as tedious and boring; some find that occupational responsibilities allow little time

for regular exercise and regard it as an unwelcome distraction; and others consider that the opportunities for walking involved in parish and hospital visitation or from appointment to appointment are adequate. In fact, very few of these men habitually go about their visitation work by foot. The majority of those interviewed (94.1%) are car-owners and most of these (77.7%) invariably use their car when carrying out official functions. Only 16 of these men (18.8%) go about their visitation-work by foot when circumstances and proximity permit. It would seem that fewer than half of the total sample take appropriate steps to gain anything like adequate exercise, which may partially explain the fact that at least 17 of these men (20.0%) are significantly overweight.

(vi) Relaxation and Recreation (Q. 17, 18, 26). Much less positively, Church of Scotland ministers generally have very limited opportunities for relaxation or relief from nervous tension and lead very restricted recreational lives. They are rarely completely free of occupational obligations and few opportunities to put aside the requirements of their office. The reasons for this appear to be complex, although most ministers consider that it is directly attributable to the pressures of occupational responsibilities and parishioner demands from which they are unable to free themselves.

Little more than a third of all these men (36.5%) plan for and attempt to take a regular period off-duty in each week (Q. 17). Most of these men attempt to preserve at least one day and, in some cases, another evening during each week for their own relaxation, recreation, domestic and social activities. But many of them also find that pastoral crises or administrative duties frequently intervene and personal plans have to be sacrificed. Only five of those interviewed (i.e. 5.8%) strictly adhere to a programme which makes provision for

relaxation and recreation: as one of them observed, "That one day and one evening in the week are sacrosanct as far as I'm concerned. If any duties happen to crop up they simply have to wait. Those periods belong to my wife and family, regardless of job demands. This isn't a matter of selfishness - it's stark realism; and I've learnt from bitter experience." This view is not typical. Apart from these five men, the remainder experience varying degrees of difficulty in obtaining adequate periods for relaxation and recreation. The typical view is that the minister is "on-call 24-hours-a-day" and, if the need arises, personal needs, wishes, and family responsibilities are automatically sacrificed. Vocational responsibilities assume primary importance in all circumstances and most of these men end up snatching a few hours here and there as the opportunity arises, usually for a few hours at the end of a day or during the week-end. In consequence, no regular or reliable pattern of recreational and social life is developed.

These ministers typically refer to the primacy of vocational duties, the pressure of parishioner demands, and the unpredictability of pastoral crises when explaining this phenomenon. However, in 20 instances (23.5%) ministers regarded this aspect of their lives as their greatest short-coming and particularly regretted the effects of their disrupted and inconsistent mode of life on their marriage and family life but, nevertheless, felt powerless to alter the situation. Moreover, significantly, this particular group of men consider that their restricted recreational and social life is not simply imposed by external occupational pressures but is also the outcome of personal compulsions and conflicts. These men feel guilt and anxiety when they devote time to the satisfaction of personal needs and interests: this is "stolen time" because there is always something which they "should be doing" according to the dictates of their own consciences.

For another group of men, the restrictions imposed on this aspect of their life arouses little tension either because their work is also their "hobby" and involves those activities which they most enjoy (20.0%) or else because they particularly enjoy the "freelance", "flexible" and "varied" nature of their work (15.2%). Several individuals in these groups acknowledge, however, that this aspect of their lives is probably a greater source of frustration and resentment for their wives and families than for themselves.

Annual holidays (Q. 18) present less of a problem. The minister is officially entitled to an annual holiday period which provides an important opportunity for relief, relaxation, and recreation. The fact that official provision is made for a vacation period enables these ministers to put aside occupational responsibilities "with a clear conscience" and, with very few exceptions, these ministers take full advantage of this opportunity, as one minister put it, "with religious fervour". Most ministers (87.1%) take at least a one month holiday each year, sometimes more. The most common procedure is to take two or three weeks vacation during Summer and to take a further period after a period of exceptional activity, for example, in mid-Winter (following Christmas) or in early Spring (following Holy Week and Easter). As mentioned earlier, it is common for these ministers to feel fatigue, emotional flatness, and mildly depressive symptoms soon after the Holy Week-Easter period and many find a week's vacation at that point most beneficial.

With respect to relaxation, most of these ministers take precautions to gain adequate sleep (Q. 26), which many of them regard as a most important contributory factor to their general health. The majority (84.7%), as a matter of habit, have between 6 and 8 hours sleep

nightly. The remainder, mainly older men, either have fewer than 6 hours or more than 8 hours sleep per night. In addition, one group (21.1%), again chiefly older men, also attempt to have a brief nap for some period during the day, usually in the early afternoon. It is unusual, but possibly consistent with the tensions and depressive symptoms which these men frequently experience, that most describe themselves as very heavy sleepers (47.3%) and that most are either late-risers and slow starters or else feel decidedly lethargic, sluggish, and unrefreshed on waking (55.2%).

However, despite their limited and fragmentary opportunities for recreation, it would seem that these ministers are not completely deprived of opportunities for relief and relaxation.

Three general features emerge from this brief examination of some aspects of the physical dimension of Church of Scotland ministers' experience. These men, firstly, tend to place great emphasis on the importance of exercising personal responsibility in the area of personal habits and often have a strong sense of accountability for the use and preservation of their physical resources. Self-discipline, restraint and moderation, responsibility and exemplary behaviour are intrinsic to their understanding of their vocation. These standards are reflected in their personal habits and practices, without being overly fastidious or self-denying in this respect. Moderation is the basic theme, which may be of considerable importance in Church of Scotland ministers' generally favourable physical health record.

There is, secondly, some evidence that these traditional attitudes and standards are changing and exert less influence on the personal habits of younger ministers. One of the outstanding features to emerge from these interviews is the very marked contrast in the attitudes and

personal habits of the two age groups. Considerably more of the younger men place greater emphasis on the importance of individual freedom and liberty of conscience and on the importance of satisfying personal needs without repression or suppression. This appears to be tied in with an even more fundamental change in attitudes to the image and role of the ministry. Many of those younger men reject the priestly-representative and inspirational-exemplary concepts of the ministry⁽¹⁾ and subscribe to what they consider to be a more personal and human image of the ministry: as one of them commented, "It is important, for me, to be regarded and treated as a person not as a parson. We ministers have to take the jump off our holy pedestal if we want to make contact with people". This conceptual change has implications for every aspect of the minister's life and is reflected in these changing attitudes toward personal habits and practices, with greater stress on freedom, spontaneity, and individuality. It may be, however, that this basic change could have a detrimental effect on the overall health of Church of Scotland ministers. In any event, the contrast is quite evident.

Then, thirdly, it is also apparent that these ministers have few opportunities for relaxation and recreation. The personal realm of these ministers' lives, irrespective of the individual's age or concept of the ministry, is narrowly confined and tends to be fragmentary and disjointed. Vocational and occupational factors certainly intervene in this area of their experience. Most of these men subscribe to the view that occupational obligations have a prior claim on their time and energy and that personal needs and interests, therefore, ought to be sacrificed. In realizing this ideal most of these men (70.6%) work in excess of 50 hours per week (Q. 27), working on average between

(1) See The Interpersonal and Vocational Dimensions, following.

50-60 hours. They also find that congregational and parochial demands frequently interfere with personal plans and that it is necessary to operate a flexible programme in order to meet needs as they arise. Under these conditions the minister's private life is constantly being subordinated to occupational obligations. However, a number of these men also recognize that their own compulsions and conflicts contribute to this state of affairs. The restraints which they feel are often self-imposed. The minister is then placed in an ambivalent situation, which precipitates some tension: he is driven by his conscientiousness to overwork, but then feels guilt over the neglect of personal responsibilities, particularly those associated with his marriage and family life. He is in a 'double-bind' situation.

2. The Intrapersonal (Psychic) Dimension

Self-integration and individuation, as ontic self-affirmation (the basic affirmation of the self as one-self), is constitutive for health. The question is whether these ministers possess a sense of their own personal identity, uniqueness, and worth, as to whether they are able to accept themselves as persons and to actualize their unique potentialities without being self-absorbed. Throughout these interviews clear evidence emerged to indicate that ministers' failures to achieve self-integration and individuation, accompanied by a pervasive sense of inadequacy and inferiority, play a central and probably decisive role in their experiences of disintegration, disruption, and fragmentation. Most of the typical stresses and conflicts to which these ministers are subject have their origins in intrapersonal tensions and conflicts.

These ministers tend to be highly individualistic, in an aggressive and self-conscious way, without being individuated or

integrated. Self-assertive and competitive individualism seems to be the most common characteristic manifested by these men and is generally accompanied by underlying feelings of inadequacy, inferiority, and insecurity. These common characteristics appear in every dimension of the individual minister's experience and have repercussions for both his attitude to himself and his relationship with others.

(i) Sources of Temptation. The question concerning the principal sources of temptation in the individual minister's experience (Q. 38) proved to be particularly revealing and disclosed more information about the individual's attitude toward himself than any other question: "What have been the greatest causes of temptation for you?"

Three basic and interrelated themes developed in considering the most temptations experienced by these ministers. In the first place, these ministers frequently experience a strong, often intense and compelling, sense of individualistic ambition and a wish to succeed together with fancies of omnipotence. More than a third of these men are compelled by a powerful wish to gain public recognition and to appear "successful". They are tempted to use their authority to manipulate and control others; they find it difficult to tolerate competition or opposition; and they frequently use their status to assert their 'rightness' and omnipotence. For many of these men, this 'temptation' of self-assertive individualism and a wish to be recognised as a success is persistent and unmanageable. For instance, one senior minister who has achieved considerable public eminence and recognition finds that he is still driven by this compelling urge, so much so that all his public activities, particularly preaching, are an ordeal involving considerable emotional tension. This need to make

TABLE 60: Principal Causes of Temptation

| Causes | -45 | 45+ |
|--|------------|------------|
| Ambition/to succeed/fancies of omnipotence | 14 (43.7%) | 17 (32.0%) |
| Intolerance/jealousy of colleagues | 6 (18.7%) | 11 (20.7%) |
| To please/to be approved/to win respect and admiration | 10 (31.2%) | 18 (35.9%) |
| Sexual temptation/fancies of seduction | 10 (31.2%) | 15 (28.3%) |
| Laziness/indolence/self-indulgence | 10 (31.2%) | 17 (32.0%) |
| To succumb to pressures/passively accept defeat | 6 (18.7%) | 7 (13.2%) |
| Material envy/desire for security | 8 (25.0%) | 5 (9.4%) |
| To throw off restraint/rebel against 'office' | 7 (21.8%) | 4 (7.5%) |
| None | 2 (6.2%) | 4 (7.5%) |

a distinctive mark and to gain recognition, the need to become a distinctive individual, also affects the minister's relationships with his colleagues and parishioners. A number of these men are tempted by intolerance and jealousy toward their colleagues. Other ministers are regarded as rivals and competitors in the quest for recognition. The element of criticism, rivalry, jealousy and competition within the ministry, according to the senior minister referred to above, appears to be an "occupational hazard", and this view is shared by others. In fact, several of these men consider that such rivalry is one of the major obstacles to effective ministry (Q. 10) because ministers tend to be competitively individualistic and find it difficult to work together.

The second theme which emerges is the common desire to win approval and affection. This is not so much a wish to be a "success" as such,

but rather "to be liked, to be the much loved parish minister". Many of these men feel tempted to use their public functions, such as preaching or visitation, in order to elicit expression of admiration, flattery, and approval. In effect these functions are manipulated as a means of symbolic seduction and are used as an attention-seeking device. These ministers often feel motivated by the need "to compromise and to seek peace at all costs" and find it "difficult to take a stand for fear of possible rejection and loss of affection". The minister's temptation to seek vicarious forms of affection and intimacy often becomes explicit in sexual temptations, involving either persistent sexual fantasies and fancies of seduction or the temptation to engage in mildly flirtatious relationships with sexual overtones. These temptations and fancies betray a basic need for intimacy and affection which has not been adequately satisfied in actuality and is often a source of considerable guilt.

These needs for success and affection, revealed by these temptations, cannot always be reconciled and often come into conflict causing appreciable tension and dissatisfaction. It is not always easy to be both a success and to be liked, and these are often conflicting needs for these men.

The third predominant temptation is a desire to withdraw from the pressures of striving to be a success and to gain approval either by giving-way to a strong drive to be self-indulgent and indolent or by succumbing to the pressures in depressive inertia. Many men have a constant battle with either or both of these inclinations. Indeed, several of these men feel such a compulsion to succumb to the appeals of self-indulgence or inertia that they tend to overcompensate by engaging in perpetual activity and by driving themselves to overwork.

Although there are exceptions, these ministers tend to be driven by a strong need to be successful, to be admired and respected, to make their

distinctive mark, and to prove themselves as worthwhile, individuated selves, which expresses itself in competitive and self-assertive individualism. Rather than being unique and individuated selves, with an integrated centre, most of these men appear to be in the process of attempting to become someone by gaining recognition. This incomplete process of individuation is often accompanied by an equally strong desire for attention, affection, and intimacy, which does not appear to be adequately fulfilled. These two themes, involving the ministers oscillations between individualization and participation, between isolation and intimacy, and the tensions between them constantly recur through every aspect of these minister's experience.

(ii) Basic Inferiority and Insecurity. These two predominant processes betray underlying feelings of inferiority, inadequacy, and insecurity and a typically negative, self-deprecating self-image. These ministers tend to seek constant reassurances of respect, admiration, approval, and affection. They are driven to excel in order to demonstrate their worth and lovableness. This pervasive sense of inferiority and inadequacy is disclosed at many points.

Asked to evaluate their personal effectiveness in fulfilling their professional functions (Q. 7(b)), for example, almost one half of these men (43.5%) found it impossible to offer such an evaluation either because they felt "a general sense of incompetence and inadequacy" or else because they felt reluctant to offer an appraisal of their own effectiveness. These men generally tended to be self-critical and self-deprecating with respect to their personal adequacies and abilities: as one of these men disclosed, "I am dogged by a general sense of inadequacy and a pervasive feeling of incompetence and inferiority. I feel as though I don't match-up to my own ideals or the expectations of others in any respect". This is an extreme expression of what appears to be a common self-evaluation on the part of these ministers.

Self-critical and self-deprecating attitudes were the immediate response of a large proportion of these men at many points throughout these interviews. Many men (29.4%) immediately responded that they felt "a general sense of inadequacy" when asked if there was any particular area of their work for which they felt especially inadequate or ill-equipped (Q. 9). A similar proportion (31.7%) consider themselves and their personal deficiencies to be among the greatest obstacles to effective ministry (Q. 10). The major sources of tension and anxiety (Q. 24) for a large proportion (35.3%) of these men are their doubts about their personal fitness and adequacy for fulfilling the obligations of their office and a profound fear of failure. The wish to succeed and a fear of failure make a prominent contribution to the anxieties and tensions experienced by these ministers.

The most common sources of anxiety for these men are associated with various personal inadequacies and insecurities in which the fear of failure and sensitivity to opposition or criticisms are prominent. Few of these anxieties are directly associated with the work of the ministry as such. Fears of personal inadequacies and failings are pre-eminent: "It is as though you are living under examination conditions habitually", observed one man, "You are under the constant surveillance of a mythical examiner, the victim of a Puritan conscience. How do you match-up to the image of a minister as 'a man of God'? How do you stand as a man, as a person in your own right? Have you hurt or neglected anyone? Have you deprived your wife and children of affection? It's a rigorous examination and you are never sure you've passed. The results are never published and the tension takes its toll".

(iii) Repression and Suppression. Apart from an underlying sense of inferiority and inadequacy, the process of individuation tends to be retarded in the experience of these ministers by the confusion between their person and their office, by the conflict between their professional image and their personal identity. This conflict is

TABLE 61: Sources of Tension and Anxiety

| Source | -45 | 45+ | Total |
|---|-----|-----|-------|
| Doubts about personal adequacy/ fear of failure | 13 | 16 | 29 |
| Over-conscientiousness/pressure of ill-defined expectations | 7 | 12 | 19 |
| Conflict between public image and personal identity | 7 | 3 | 10 |
| Frustrated idealism/ doubts about future of the Church | 13 | 10 | 23 |
| Unresponsiveness to ministry/apathy | 10 | 5 | 15 |
| Interpersonal conflicts/personal attacks opposition, criticism, malice | 8 | 27 | 35 |
| Health/self or wife | 4 | 7 | 11 |
| Personal crises/marriage and family | 8 | 13 | 21 |
| Financial/material insecurity | 6 | 10 | 16 |

a prominent source of tension and anxiety (Table 61, q.v.), especially in the younger age group, some of whom feel the temptation to actively rebel against the image of the office and "to throw off all restraint" (Table 60, q.v.). A number of men in the younger age group (27.5%) consider that the traditional image of the minister, characterised by priestly and exemplary qualities, is a major obstacle to effective ministry and must be discarded. Moreover, several of these men feel that the demand to conform to this image serves to stunt their personal development and retards the process of individuation. Fewer men in the older age group express this view and, seemingly, they have become accustomed to their role and accept it more easily as part of themselves. However, the strictures imposed by the requirement to conform to the distinctive attributes and characteristics of a "ministerial character"⁽¹⁾ probably

(1) Cf. J.O. Dykes (1908), op.cit.

have subtle and far-reaching effects on the personal development of these ministers.

The difficulties which these ministers frequently experience in handling their aggressive and hostile impulses appears to be symptomatic of the impact of a widely-accepted image of the ministry. This was one of the very few questions which caused many of these ministers to hesitate and deliberate before responding: "What do you do with your aggression or anger?" (Q. 34). It is quite evident that the majority of these ministers regard the display of any aggression as an unacceptable and undesirable ministerial trait which should be decisively amputated ("Put to death in you, therefore, all anger, malice, envy") or at least should be firmly controlled and restrained: a "pacific disposition" is an essential and idealized quality of the ministerial character.⁽¹⁾

One group of these men (18.8%), according to their own testimony, never experience anger or hostility: they describe themselves variously as being "even-tempered", "not easily provoked or aroused", "placid", "easy-going", and one, rather curiously, commented, "Mercifully I'm never afflicted with temper or anger". The largest proportion of these men (45.8%) do experience anger but "work at controlling it", "just swallow it", "invariably bottle it up", and "exert all my powers of self-discipline to control it". Most of these men place a negative evaluation on hostility and aggression because they damage relationships, or are "unbecoming" in a minister, or because they reveal a lack of Christian love and tolerance. For most of these men any display of aggression or anger provokes intense feelings of guilt as is suggested by the man who commented, "I confess to feelings of anger, but I do my best to exercise self-control and self-discipline otherwise I regret it later". Another group (12.9%) possess the same negative view of aggression but recognize the possible dangers of repression and

(1) Cf. J.O. Dykes (1908), op.cit. (See Chapter 7, q.v.).

suppression and seek to divert aggressive energy, by sublimation, into creative and physical activities. The remaining men, a much smaller proportion and chiefly in the younger age group, tend to express and display their aggression more openly but with the object of putting it to positive purposes as far as possible. Five of these men indicated that they had learned to express their aggression more openly and with less guilt-reaction as the result of professional guidance and help. As one of these men explained: "I discovered with help that I had been destroying myself inside. All my aggression was bottled-up and pointed inwards. I was punishing myself for my own inadequacies and it has made a great difference to learn how to direct it away". This is an important observation. One wonders how many of these ministers are in effect "destroying themselves inside" by intropunitive aggression. There is some indication that this may be a common trait among Church of Scotland ministers. (1)

These attitudes, largely negative, towards aggression seem to be symptomatic of a more general problem in the experience of these ministers: the pressure and conflicts of matching-up to the ideals associated with the traditional image of the minister and with an idealized "ministerial character". Personal needs, interests, and even distinctive personality characteristics have to be sacrificed and subjugated in the interests of satisfying an ideal. One minister expressed this tension in strong terms: "The ministry is emasculating. You are emasculated of sexuality and sensuality - people are surprised if you are an ordinary sensual man. You are emasculated emotionally - any display of emotions, except righteous-indignation, is considered to be positively indecent. You are emasculated as a person - any personal idiosyncracies have to be have to be amputated and any distinctive characteristics have to be washed-out. You become a blank piece of paper - a passive parsonic personality".

(1) Cf. A.V. Campbell (1965). See Chapter 2, q.v.

The central theme of the intrapersonal dimension of these ministers' experience is the pervasive sense of inadequacy, inferiority, impotence, and guilt which many of them feel and express. This underlying sense of inadequacy and inferiority then becomes manifest, on one hand, in self-assertive individualism, a compelling drive for success, and the desire to be distinctive, individuated selves, and, on the other hand, in a longing for affection, approval, and intimacy which is never adequately satisfied. The need to comply with a traditional and idealized image of the minister tends to retard and stunt the process of individuation. This incomplete process of individuation, and the consequent tension between individualization and participation, appears to be a primary factor in the stresses and conflicts which these ministers experience.

3. The Interpersonal (Social) Dimension

Self-creation and participation, as moral self-affirmation, expressed in an ability to move out from oneself to establish and engage in intimate and satisfying interpersonal relationships is constitutive for health. The processes of participation in interpersonal relationships and of self-individuation are, however, reciprocal and correlative. Individualization and participation are contingent upon one another in the total experience of the integrated person. In view of the extent of individualism and self-absorption, as distinct from individuation and self-respect, manifest in the experience of these ministers one would expect to discover that the interpersonal dimension of their experience tends to be disrupted, fragmented, and not entirely satisfying. The experience of these particular ministers indicates that the interpersonal aspects of their lives are a prominent source of tension and conflict.

Many of these ministers express a longing for affection, admiration, and approval. As has been seen, more than a third of these men are disturbed by the temptation (Q. 38), to manipulate their role and professional functions in order to elicit expressions of admiration and flattery, which serve to bolster their self-esteem. Moreover, many of these men find it difficult to resist the sexual impulses by which they are frequently tempted (Q. 38). These impulses and fancies of seduction seem to be indicative of the extent to which the need for affection and intimacy is unfulfilled in the experience of these men. Though many of them express a longing for the affection and approval of others, it would seem that they tend to have an over-riding sense of inferiority and insecurity which instils a fear of intimacy, a dread of being absorbed and smothered by others, which prevents them from ever adequately satisfying this fundamental need. This ambivalence, involving a tenuous balance between a longing for affection and a dread of being absorbed by others, is a common characteristic of the interpersonal experiences of these men and tends to be expressed in an endless search for affection while, at the same time, withholding from complete participation in interpersonal union.

(i) Conflicts arising from Parental Relationships. It is to be expected that early relationships with significant figures in childhood and youth will have exerted considerable influence on the individual minister's development and will have left indelible marks in his personality. It was not originally intended to explore these early relationships in this inquiry but some relevant facts inevitably came to the surface in the interviewing process: especially in dealing with background identifying data (Part I), the quality of parental relationships (Q. 14), and parental reactions to the minister's vocational choice (Q. 15). Mention has already been made of some of the common family background characteristics

of Church of Scotland ministers: most of them come from middle and upper-middle-class backgrounds and their fathers are generally engaged in professional, technical, or commercial occupations; with very few exceptions they have received a definite religious upbringing; and they are frequently only or eldest sons.⁽¹⁾ With respect to the quality of their relationships with their parents two features stand-out.

On one side it clearly emerges that most of these men (68.2%) have had the closest relationship, emotionally, with their mothers and that their mothers exerted considerable influence on their general development and on their religious upbringing. This perhaps is not unusual. What is unusual is the substantial proportion who disclosed that, from their perspective, their mothers had been highly possessive, over-protective, and smothering. Although the relationship was close and harmonious, many of these men had found it difficult to gain freedom from this maternal possessiveness. They had been confronted with the emotional dilemma of achieving a measure of independence and individuality without incurring maternal disapproval and possible rejection. So, in many cases, the relationship had come to be characterized by ambivalence: with a compelling urge to escape the stifling and smothering effects of emotional dependence and a fear of rejection and the possible loss of maternal affection in direct opposition to one another. In most cases these men felt that the fear of being smothered or absorbed and that their wish to escape from maternal dominance had become predominant, despite their ambivalence, and that they had over-reacted by becoming aggressively self-assertive and individualistic in an attempt to achieve independence. The intensity with which individuals experienced and reacted to this ambivalent conflict varies considerably, but it has been a remarkably

(1) q.v. Chapter 12.

common characteristic of the experience of these ministers.

Just as the minister's relationship with his mother is commonly characterized by closeness and emotional dependence, so too distance, remoteness, and unapproachability seem to be equally characteristic of relationships with their fathers. In many cases (22.3%) the fathers of these ministers had been literally or effectually absentee-parents as a result of death, or occupational demands, or by their apparent aloofness and detachment from the rest of the family. Those in the latter category described their fathers in terms of the typically dour, severe, unapproachable Scots father who demanded high standards of excellence and endeavour. A much larger proportion of men (40.0%) viewed their fathers with a combination of awe, respect, and admiration and as admirable models for imitation. Although they saw their fathers as emotionally distinct figures, the minister's personal expectations and ideals had been built around their figures. Some of these men associated their feelings of inferiority, fear of failure, and wish to be recognised as successes with their desire to match up to or even to excel the standards and ideals which their fathers represented. It is also typical that these men had been able to communicate with and to establish a closer relationship with their fathers only when they had gained a measure of freedom and independence from emotional dependence on their mothers.

These are only broad generalizations, in which there are many individual variations, but these two themes are prominent in the experience of these ministers: on one hand, the wish to achieve freedom from maternal possessiveness and dominance, and, on the other hand, a wish to win paternal approval and respect combined with a fear of failing to attain the ideals and standards identified with the father-figure.

(ii) Basic Mode of Relating. It is significant that most of these ministers (59.6%) consider that their characteristic mode of relating is "to move away from others" (Q. 21. Cf. K. Horney). These men are

basically self-contained "loners", they prefer their own company, tend to experience discomfort in social situations and dislike large groups or crowds, and find it easy to tolerate a substantial degree of solitude. This is in keeping with the finding that the majority of these ministers tend to be individualists and prefer to keep to themselves. A number of these men, however, have found it necessary to make a conscious effort "to move toward others" in order to fulfil their occupational duties which necessarily involve the minister in a constellation of interpersonal relationships. They have had to make an effort to engage in these relationships despite their inherent reticence, reserve, and shyness, and in spite of their basic inclination to move away. These men, however, find it difficult to tolerate intimacy and their efforts to achieve greater closeness often provoke anxiety.

TABLE 62: Characteristic Modes of Relating

| Mode | -45 | 45+ | Total |
|---|------|------|--------------|
| To move towards others (to seek intimacy) | 10 | 15 | 25 (29.4%) |
| To move against others (to seek to dominate) | 2 | 2 | 4 (4.7%) |
| To move away from others (to seek solitude) | 8 | 25 | 33 |
| |) 17 |) 32 |) 49 (57.6%) |
| To move away from, but conscious effort to move toward | 9 | 7 | 16 |
| Both toward and away from - in dialectic balance | 3 | 4 | 7 (8.2%) |
| TOTAL | 32 | 53 | 85 |

A substantial group (29.4%) perceive their characteristic mode of relating as being "to move toward others". They see themselves as being naturally gregarious and as persons whose basic inclination is to seek affection, to move into relationships, and to be open and responsive.

Whereas their more introverted colleagues tend to become anxious in social and intimate relationships, these natural extroverts tend to experience the anxiety of isolation and separation. Some of these men consider that one of their special problems is the danger of over-identification and of becoming emotionally over-involved in the lives and problems of others. Both groups have their distinctive problems.

In view of the negative value which these ministers usually attach to aggression as a personal attribute, it is perhaps not surprising that very few of these men see themselves as being naturally inclined "to move against others", in the sense of being competitive, dominant, and aggressive in relationships. Self-assertive individualism, a fear of failure, and a need to succeed, arising out of basic feelings of inferiority and insecurity, appear to be typically characteristic of these ministers. But it would also appear that aggressive, hostile, and competitive impulses are generally repressed, suppressed, or sublimated by these ministers and that they tend to direct their aggressive impulses inwards rather than directing them at or against others.

(iii) Marriage and Family Relationships. With very few exceptions, these ministers regard their marriage and family life as being of crucial importance to their personal security, satisfaction, and well-being (Q. 33). Most of them enjoy satisfying and harmonious marital and family relationships. For almost one half of these men (46.8%) their wife is also their closest friend and confidant, in whom they would readily confide in the event of a personal crisis or difficulty (Q. 39). Many of them, especially in the older age group, view their ministry as a "team-ministry" in which their wife shares and plays an active part. This element of co-operation is a joint enterprise, in their view, serves to enhance the quality of both their ministry and their marital relationship.

Nevertheless, despite the obvious satisfactions which marriage affords, a substantial number of these men find it difficult to devote themselves to and to participate in even this most intimate aspect of their lives as fully as they would wish. The reasons for this are probably more complex than appears on the surface. Difficulties associated with marriage and family life are a prominent source of anxiety for almost one in three (30.5%) ministers and their inability to satisfy family responsibilities adequately or according to their own expectations is a common cause of guilt and regret. Most of these men, consider that these difficulties and tensions are directly attributable to the peculiar conditions of their work: the pressure of the demands and expectations imposed on them creates a fragmented and disjointed pattern of life necessitating long and inconsistent hours of work, which prevents the minister from devoting his full attention to family needs; family requirements and plans must often take second place to vocational responsibilities; much of the minister's work is conducted in his own home, which creates the illusion of availability and his wife and children may find it difficult to accept or understand his unavailability; the minister's wife and family have to share his attention, affection, and emotional resources with a much wider "family", which may provoke resentment and jealousy, especially when he may be emotionally drained by pastoral duties; and the minister's family may be socially isolated by his professional status and by the ill-defined expectations imposed on "the minister's wife" and "the children of the Manse". There is no doubt that these and other occupational conditions may and often do create tensions in the minister's family life.

There is also clear evidence, however, that the minister's intrapersonal conflicts often contribute to the interpersonal tensions experienced in their family life. It is quite apparent, for example,

that the minister's long and disjointed hours of work are as much due to his inability to say "No" to some demands, to his pervasive sense of inferiority, fear of failure, and overconscientiousness as it is to ecclesiastical duties, congregational demands, and social expectations. As we have seen, individual ministers tend to live under self-imposed examination conditions from which he is unable to escape. The experience of these ministers further suggests that their characteristic anxiety of intimacy and participation may also contribute to the marital and family difficulties which they experience. To make it explicit, it is being suggested that the minister's characteristic fear of intimacy and dread of being absorbed, emanating from a basic sense of inferiority, often unconsciously compels him to withhold himself from fully participating in his immediate marital and family relationships; and, paradoxically, by so doing he risks the possibility of personal failure which is equally intolerable. This may well explain why so many ministers are aware of and feel guilty about their inadequacies as husbands and fathers and yet remain apparently incapable of altering the situation or of resolving the conflicts involved.

(iv) Sexual Attitudes and Relationships. The sexual aspects of the experience of these ministers (Q. 32) reveal marked inconsistencies and provide further evidence of the difficulties which they experience in the realm of interpersonal union and relatedness. In most cases, the sexual attitudes and experiences are marked by an ambivalent tension between desire and inhibition.

Two in every three of these ministers (64.7%), in considering the function of sexuality in their personalities (Q. 32 (d)), express the view that sexual satisfaction has an important bearing on their overall well-being although, as far as they are personally concerned, sexual

requirements constitute a very moderate need which demand infrequent physical expression. Their sexual needs do not represent a major preoccupation or a compelling drive in their experience although the satisfaction of their moderate needs has been most important. Quite a number of these men repeated the cliché that "the pleasures of sex are greatly over-rated". In addition, several older men disclosed that sexual expression had assumed less importance in their lives but had never been prominent in their personal lives. A smaller proportion (20.0%) described their sexuality as a very strong need, requiring frequent physical satisfaction, and providing very great sense of pleasure and fulfilment, both for themselves and their wives. It is striking that these men, for whom sexual expression is spontaneous and unhibited, almost invariably described themselves as "movers toward" (Q. 21). Then an even smaller group (16.3%), including several bachelors, described their experiences of sexuality as chiefly a source of tension and as a preoccupying source of worry.

The main point of inconsistency is that a number of those who described their sexuality as a moderate, relatively unimportant need requiring little physical expression subsequently disclosed that sexual temptations were a significant source of tension in their lives (Q. 38). As has been seen, sexual preoccupations, compulsive-obsessive conflicts with sexual content, and a variety of personal difficulties associated with sexuality have a prominent place in the experience of a significant number of these ministers (28.7%). This would suggest a strong underlying desire for intimacy and affection which is repressed or suppressed in many instances.

(v) Pastor-Parishioner Relationships. The interpersonal difficulties which these ministers experience are also apparent in their professional

relationships. Interpersonal conflicts in professional relationships, whether with colleagues, Elders, or parishioners, are one of the most prominent sources of anxiety and tension (37.9%) and constitute a major obstacle and frustration to the fulfilment of an effective ministry (35.2%) in the experience of the ministry. These difficulties tend to fall into two main groups: those in which the minister is the victim of malicious and vindictive attacks or is subjected to intensive opposition and those in which the minister's own personal inadequacies are predominant.

The parish minister's difficulties in handling the seemingly ubiquitous vindictive or malicious personality, who seems intent on destroying his reputation or on thwarting his carefully designed plans, are well known. As one minister observed: "It is as though these people set you up on a pedestal and then systematically set to work to tear you down. The intention seems to be to demonstrate that you are no better than them after all. They hope to expose your feet of clay." The problems of dealing with the demands of "the clinging, neurotic woman" are also a common difficulty (24.7%) in the experience of these ministers. But, bearing in mind the sexual temptations and fancies of seduction to which these ministers are prone, one wonders whether this phenomenon is exclusively one-sided. Apart from these specific interpersonal difficulties, these ministers experience a variety of interpersonal conflicts which cause them anxiety and stress.

The most common area of inadequacy (Q. 9) in the experience of these ministers, apart from a general sense of inferiority, is in the realm of counselling, managing personal relations, dealing with pastoral crises such as grief, and of hospital and parochial visitation. Many of them consider that these inadequacies in the realm of personal relationships would be reduced if they had received adequate preparation for their pastoral responsibilities. That may be so. But these

inadequacies may also be symptomatic of the minister's basic insecurity and fear of participating in intimate personal relationships. It is particularly notable that several men (18.8%) experience a heightened sense of anxiety when engaged in the basic routine of hospital and parish visitation and reveal that they have never been able to master this anxiety and tend to avoid as much of this kind of activity as possible. To a few of these men the anxiety provoked by the prospect of visitation is almost intolerable, a feeling which seems to betray their underlying inferiority and fear of intimacy.

(vi) Social Relationships and Activities. Many of these men (44.7%) admit to a feeling of loneliness and of social isolation (Q. 19), which is often even more acute for their wives. The social relationships and activities of these men are extremely limited and inhibited. The minister's closest social relationships are generally confined to his immediate family, a few colleagues, and friendships formed in student days. But in most instances, beyond activities involving his immediate family, the minister's social life is virtually non-existent and most find it impossible to develop a continuous and satisfying structure of personal social relationships.

These ministers generally consider that the element of social isolation is an inevitable characteristic of the minister's life, which is necessitated by the conditions of his work and professional status and to which he must adjust. They consider that the fragmented pattern of their work limits social opportunities; the mobility characteristic of the ministry means that relationships with colleagues are tenuous and difficult to sustain over the long-term; and, as a matter of policy, it is unwise for a minister to form intimate relationships within his Kirk Session or congregation (though some would disagree); and every inter-parochial move creates the problem of developing a new interpersonal structure which contributes to social discontinuity. These may be

some of the factors involved. But, once again, it would appear that the minister's personality is the decisive factor.

It has clearly emerged that most of these ministers are "loners" by inclination, which is further exemplified by their social and recreational activities: few of these men (11: 85) belong to any groups, clubs, or societies; very few of them (5: 85) have an intimate circle of friends with whom they regularly share in social activities; apart from family activities, their personal hobbies and recreational interests (Q. 16) are predominantly solitary activities which require minimal interpersonal participation. This element of apartness and of social isolation appears to be as much a matter of personal preference as it is the product of occupational conditions, and is consistent with the anxiety of interpersonal participation which has emerged as a typical characteristic of these ministers.

Paradoxically, it is equally apparent that social isolation and the difficulties involved in interpersonal relationships are a prominent source of dissatisfaction and tension in the lives of these men. They retain a basic longing for affection, approval, admiration, and intimacy, which becomes manifest in attempts to manipulate professional status and functions to gain vicarious forms of affection and approval but which never provide an adequate substitute for intimate interpersonal union and participation.

The most common forms of tension, anxiety, and disintegration experienced by these ministers are evidently associated with their difficulties in achieving either individuation or interpersonal union. Basic feelings of inferiority and insecurity, manifest in a dread of failure, a need to succeed and to win recognition and respect, a desire for approval and affection and, paradoxically, a fear of interpersonal

participation and commitment, appear to be predominant in these processes of disintegration. It also appears that a variety of occupational factors and experiences intrude to complicate these processes and to compound the stresses involved.

4. The Vocational (Transcendental) Dimension

Self-transcendence and an ultimate sense of meaning, spiritual self-affirmation, is constitutive for health. Faith-commitment, incorporating an over-riding sense of purpose, may serve to integrate all other dimensions of the person's being. Factors and processes involved in the vocational dimension of these minister's experience are ambiguously mixed in processes of both integration and disintegration. The effects of the minister's faith and vocation, in an ultimate or essential sense, cannot be evaluated except on a highly subjective basis. But the existential manifestations of the minister's vocational experiences are amenable to inquiry.

(i) Disintegrative Processes

Although the personality tensions and conflicts experienced by ministers, chiefly those associated with the polarity of individualization and participation, make a primary contribution to their experiences of disintegration that is not to say that vocational and occupational factors are not involved. It will be evident from the preceding discussion that vocational and occupational processes intrude into every dimension of the minister's experience. In view of the central role of the minister's vocation in his life it is not surprising that it should influence his personal and physical habits, his attitude toward himself, and his relationships with others. The healthiness of this influence will depend to a significant extent on the individual minister's personal understanding of his vocation and his interpretation of its claims on his life. Moreover, given the conditions of existence and given the minister's

humanity and fallibility, it is inevitable that some distortions should occur.

These ministers tend to confuse the vocational and occupational dimensions of their lives. They recognize the primacy of their vocational obligations over every aspect of their lives. However, their occupational, that is ministerial, responsibilities become synonymous with their vocation or conversely, their vocation is primarily or exclusively identified with their occupational activities. The minister's vocation, specifically identified with his ministerial duties, is then placed alongside and over against all other proximate responsibilities and occupational responsibilities claim exclusive rights over his time, energy, and resources. It then becomes an expression of vocational "responsibility" to subjugate and, if need be, to sacrifice all other needs, interests, and commitments in the interests of fulfilling occupational requirements. This process and interpretation of "responsibility" represents a confusion of dimensions and is a distortion of the true nature of the minister's vocation per se, which may have seriously disintegrative effects in other dimensions of his personal life.

The minister's Christian vocation and faith-commitment should provide an over-riding sense of purpose which embraces and integrates the various dimensions of his life. In this view, the fulfilment and satisfaction of marital and family responsibilities is as much an expression of the minister's vocation as is the fulfilment of ministerial duties. However, this confusion of the minister's vocation, person, and office is fostered by many influences in the minister's life: theological standards, congregational demands, social expectations and the minister's self-imposed ideals, among them.

More specifically, it has been seen that conflicts in professional relationships, the apathy and lack of responsiveness among Church members,

conflict between professional and personal self-images and disillusionment that the Church is not all that it could be are among the most prominent sources of tension and anxiety for these ministers (Q. 24 and Table 61, q.v.). The particular tensions associated with the minister's professional position emerge when the principal obstacles and frustrations to effective ministry (Q. 10) are considered.

TABLE 63: Obstacles and Frustrations to Effective Ministry

| Obstacles/Frustrations | -45 | 45+ |
|--|-----|-----|
| Personal inadequacies/lack of self-discipline | 12 | 15 |
| Conflicts in Interpersonal Relationships | 11 | 17 |
| Lack of support or leadership/total burden on the minister | 16 | 18 |
| Traditional concepts/entrenched and intransigent ideals and resistance to change | 11 | 16 |
| Nominalism/apathy and lack of responsiveness | 9 | 17 |
| Traditional image of ministry/ burden of expectations | 9 | 4 |
| Conflicting professional and personal responsibilities | 5 | 7 |
| TOTAL | 32 | 53 |

These occupational frustrations and conflicts undoubtedly contribute to the tensions and emotional stresses to which these ministers tend to be vulnerable. One of the central issues, in the view of many of these men, is the question of the minister's master role and professional identity. Most of these men, with very few exceptions, have a well-established concept of their role.

TABLE 64: The Minister's Master-Role

| Conceptualization | -45 | 45+ |
|--|-----|-----|
| Ideological/traditional ministry of the Word and Sacraments | 7 | 19 |
| Altruistic/Pastor and Servant | 13 | 24 |
| Functional/Pastoral Director equipping others for their ministry | 9 | 6 |
| Representative/"man of God" | 1 | 5 |
| - Uncertain or Undecided | 2 | 2 |
| TOTAL | 32 | 53 |

It can be seen that very few of these men are personally undecided or uncertain about the essential nature of their professional role. But there is a marked contrast in the attitudes of the two age groups. In the older age group, the ideological and altruistic images of the ministry, emphasizing preaching and pastoral functions respectively, are pre-eminent. Most of those who adhere to these images regard their preaching and pastoral functions as reciprocal and it is largely a matter of emphasis as to which is primary. Against this traditional imagery, it can also be seen that there has been a marked movement toward a more functional concept in the younger age group. This view is based on the concept of the minister as a Congregational director, adviser, and educator whose primary function is to equip a local community and its leaders to exercise their ministry.

But whether these ministers adopt an orthodox or more contemporary concept of their role they tend to be subject to basically the same occupational conflicts: they receive little personal support and find themselves "conducting a one-man band", they come up against entrenched ideals of the Church and its ministry and an obstinate resistance to any change or new ideas, and they tend to become depressed and frustrated

by nominalism, apathy, and lack of response to their best endeavours.

Moreover, the individual minister's theoretical conceptualization of his role apparently makes little difference to the intrapersonal conflicts which he experiences. Irrespective of his theoretical role-concept, these ministers tend to remain in the grip of their inner compulsions and needs, although the manifestations of these compulsions may vary.

(ii) Integrative Processes

The stresses and conflicts associated with the minister's vocational and occupational obligations are more easily identified than the positively integrating processes and experiences which directly arise out of their sense of vocation. But mention has been made of the positive sense of responsibility and of personal accountability which accompanies the minister's sense of vocation and which is generally expressed in positive personal habits and standards. It has also been seen that there have been significant changes in these attitudes and habits in recent years and especially among younger ministers, a fact which may have significant implications for the overall well-being of these ministers.

At a more profound and less tangible level of their experience, it is apparent that for most of these men their vocation, faith, and ministry are deeply satisfying. Despite the many dilemmas by which they are confronted and in spite of the tensions to which they are exposed, these men generally describe their ministry as a source of enjoyment and satisfaction which instils a sense of fulfilling a worthwhile and meaningful purpose. Their faith and vocation provides them with a centre to their lives which is beyond themselves and toward which all other aspects of their life may be directed and by which they may be integrated.

However, there are indications that more men have come to feel that the tensions and frustrations of the ministry have begun to outweigh the satisfactions and who doubt the value or meaningfulness of their ministerial office. Many of these men (27.0%), chiefly in the younger age-group, have seriously considered opting-out of the ministry at one time or another (Q. 12), and two men expressed a declared intention to leave the ministry within a few months. The dissatisfaction expressed by these men is directly related to faith doubts or vocational doubts in very few instances. For most of these men the basic questions are whether the ministry, as it presently exists and faced by entrenched resistance to change, serves any worthwhile purpose and whether their personal skills and resources may not be put to more creative purposes in other areas of service. Once again we come back to the basic theme of the tensions involved in the minister's critical appraisal and evaluation of his own personal worth.

Summary

Four themes stand-out from this inquiry into the complex and often ambiguous processes of integration and disintegration in the personal experience of this group of Church of Scotland ministers.

In the physical dimension of their being these ministers generally experience an unusually favourable standard of health. Closer examination reveals that they characteristically observe positive physical standards and habits with the express design of promoting and protecting their health. These practices they regard as an expression of the responsibility and accountability inherent in their vocation. However, many younger ministers place greater emphasis on personal freedom than on the demands of responsibility, which is evident in rather more casual personal habits.

It emerges that the disintegrative and disruptive tensions and conflicts to which these ministers are most vulnerable are primarily the product of personality characteristics and intrapersonal conflicts. These tensions are chiefly related to the processes of individualization and participation in the experience of these men.

Self-assertive individualism, manifest in a fear of failure, a wish for success and recognition, a compelling drive to make a mark and to prove themselves, appear to be a distinctive characteristic which has repercussions in every dimension of their lives. However, despite all their endeavours in this direction individuation and self-respect remain elusive. All the manifestations of self-assertive individualism in their lives betray a profound underlying sense of inferiority and insecurity, of which many of them are acutely aware but which they are evidently unable to overcome or combat with any real effect.

These ministers tend to have an equally compelling need for affection, attention, admiration and a wish to be liked. But their underlying insecurity and characteristic individualism interferes with the whole pattern of their interpersonal relationships and prevents them from gaining adequate satisfaction for the need of intimacy. Lacking in individuation and self-respect they are then unable to commit themselves to participation and their capacity for engaging in intimate interpersonal relationships is consequently reduced.

These generalizations cannot, of course, be applied to the experience of all these ministers without exception. But these difficulties associated with processes of individuation and participation, emanating from basic inferiority and insecurity, are remarkably common in the experience of these ministers and are the most prominent sources of stress, disruption, and disintegration in their experience.

Finally, although few of the personal difficulties are directly or exclusively attributable to vocational and occupational processes and experiences, such factors do intervene at many points to compound the peculiar difficulties to which these men are vulnerable.

PART V.

CONCLUSIONS - THE HEALTH OF CHURCH OF SCOTLAND CLERGY

Chapter 14. Sources of Integration and Disintegration

Chapter 15. Theological Postscript: Self-Acceptance
or Self-Destruction?

CHAPTER 14

SOURCES OF INTEGRATION AND DISINTEGRATION

Introduction

The preceding discussion has been devoted to a comprehensive, though far from exhaustive, examination of health and illness in the experience of Church of Scotland ministers from 1930 to 1969. It has been possible, viewing their experience from a variety of perspectives, to identify and to describe the principal features and manifestations of integrative and disintegrative processes most commonly experienced by these ministers. Ample consideration has been given to the major findings and conclusions as they have emerged throughout the course of the discussion. There are, of course, many particular areas of their experience and specific aspects of their health which are worthy of greater consideration in depth; these issues, however, cannot be pursued here but must be left for future research and discussion. It only remains to draw the threads together and to simply recapitulate the principal conclusions and themes which have emerged from this extensive inquiry.

GENERAL HEALTH RECORD

(i) Health and the Ministry. The first generalization which can be made on the basis of the evidence is that the reputation of Church of Scotland ministers for a relatively high standard of health is fully justified, certainly up until the mid-1950s and particularly by comparison with other professional groups. All the indicators are positive: they have enjoyed a notable record of longevity, above average life expectation, a consistently low rate of death especially up to the age of 45 years, comparatively low rates of death from most major causes of death in the male population and unusually low rates of death from respiratory diseases and all forms of cancer. The only grave cause for

concern has been the high frequency with which they have been afflicted by coronary heart disease, an experience which they share with most professional groups in Scotland. There is no immediate explanation for this phenomenon, although it seems likely that a complex combination of physical, occupational, emotional, and personality factors is involved. However, coronary disease apart, their mortality experience has been remarkably positive and is matched only by teachers in the Professional Order in Scotland. In addition, although there is little comparative data available, it seems that the incidence of permanent disablement is not unduly excessive in the Church of Scotland ministry. In general, morbidity data confirms and corroborates the positive picture which emerges from a consideration of their mortality experience. Moreover, no evidence has emerged to suggest that Church of Scotland ministers are any more vulnerable to serious psychological disorders than the average Scottish male or members of any other occupational group. There are instances of ministers suffering psychotic breakdowns, crippling psychoneurotic disorders, or disruptive personality problems, as one would expect in any comparable group; but there is no evidence to suggest that such experiences are excessively common among Church of Scotland ministers. The general health record of a representative sample of these ministers offers further confirmation of this positive finding: Church of Scotland ministers have generally enjoyed a high standard of total health.

The high degree of general health achieved by Church of Scotland ministers seems to be associated with their characteristic sense of responsibility. This sense of accountability, which is intrinsic to their vocation, finds expression in the practice of positive personal standards and physical habits which serve to preserve and to enhance the level of their health. They also enjoy reasonably secure and comfortable living and working conditions which present no major threats to their physical

health. It is probable that their faith-commitment is another integrating factor. In its very nature faith is an intangible quality and its effects are difficult to evaluate. But, in terms of their own understanding of themselves, the minister's faith gives him an overriding sense of meaning and purpose by which the use of all his resources is directed. Moreover, despite the dilemmas and tensions involved, the minister finds that the fulfilment of his particular vocation through the exercise of his ministry is more often than not a source of profound satisfaction and instils a sense of fulfilling a worthwhile purpose.

When all attention tends to be focussed on morbid conditions and processes, as has been done throughout this discourse, it is easy to exaggerate the negative aspects of experience and to form a distorted view of the total pattern of experience. This inquiry has been heavily loaded on the negative side. But it is most important that any processes of disintegration in the experience of Church of Scotland ministers should be considered against this positive background. Only then can the negative aspects of their experience be seen in perspective.

(ii) Threats to the Minister's Health. Against this favourable background, there are some indications that the health of Church of Scotland ministers has declined, particularly in the decade since 1960. In this period, the average age of death (which is an unreliable measure) has decreased and has barely exceeded the average length of life of Scottish males in the past three years; the rate of death has increased in younger age groups, most noticeably in the 55-64 age group; although the overall rate of death from coronary disease has not increased significantly, coronary disease has become more prevalent in younger age groups; the rate of disablement, likewise, has not increased but the average age at which men are disabled has been reduced; and the prevalence of mental, psychoneurotic, and personality disorders as causes of

disablement has increased, especially in younger age groups. These phenomena seem to be indicative of a general decline in the health of Church of Scotland ministers in recent years. However, the magnitude of these developments should not be exaggerated. They are, after all, relative to the high level of health previously experienced by Church of Scotland ministers and they continue to be a relatively healthy group by comparison with the Scottish male population in general.

The reasons for this general decline are difficult to isolate or ascertain with any certainty. There is circumstantial evidence to suggest that role-conflict and the stresses involved, changes in attitudes and personal habits, and more general stresses associated with vocational doubts may have all contributed to these processes of disintegration, but no absolute or specific causal-links have been established. For instance, it has been seen that the understanding of the minister's role and function has been changing. Progressively fewer men have been accepting or adopting the traditional image of the minister of Word and Sacraments. There are indications of a marked movement toward a more functional conceptualization in which the minister's primary function is to equip the leaders and members of his congregation to exercise their ministry within society. This conceptualization, something akin to the notion of a Pastoral Director, represents a major deviation from the traditional norm and usually involves an attempt to discard the exemplary and representative imagery surrounding the traditional model. However, those who have attempted to adopt this functional model for their ministries frequently report that their efforts have met with considerable opposition and have provoked interpersonal conflicts. They have experienced intensive conflicts, both intrapersonal and interpersonal, between their personal expectations and those of their parishioners which appear to be almost irreconcilable.

Another factor which may be relevant, and which is associated with

changes in the minister's role-concept, is an evident change in attitudes toward personal habits and practices. Those ministers who try to adopt a more explicitly functional concept of their role tend to discard the exemplary images of the minister as a man of unusual moral and spiritual attributes. They commonly regard themselves as individual units in the body of the Church who are only distinguished by the particular functions which they perform and not by any unusual personality or temperamental characteristics. In consequence, these men tend to be less inhibited, constrained, or fastidious in their personal habits and in the quality of their relationships than is usually true of their colleagues. They place greater emphasis upon personal freedom and liberty of conscience and express the wish to be recognized as persons rather than as parsons. This appears to be a fairly recent development and is most marked in the attitudes and practices of men ordained in the post-war period. It may well be that this movement has had ambiguous effects: on one hand, it represents a movement toward greater freedom and recognition of the minister's basic humanity, but, on the other hand, it also leads to the practice of less stringent habits in the individual's personal life.

Another circumstantial factor, or set of factors, which may be implicated is the very dramatic decline in the Church's influence in Scotland, particularly noticeable since the mid-1950s, which precisely coincides with the period in which the general health of these ministers has deteriorated.

Purely in terms of the external indicators of the Church's influence the position must appear grave to those most intimately involved: progressively fewer men have been entering the ministry, the average age of candidates has been rising, more men have been withdrawing from the ministry to enter secular spheres of work, the total communicant membership and the annual admission of new members

have both fallen alarmingly. To those most involved the signs are unmistakable and each of these developments has accelerated in the period since 1956. It is purely circumstantial but a large proportion of these ministers report that congregational apathy and lethargy, the general lack of response to their ministries, inadequate support, and a general sense of futility and impotence in these conditions is among their greatest anxieties and frustrations. No matter how conscientious they may be, all their efforts seem to fall on barren ground and they can find no way to break through the deadening atmosphere of apathy. The sense of impotence and failure which they feel may be acute and many of these men express doubts about the future of the Church and about the worth and efficacy of their function. These feelings do not reflect a loss of faith or vocation but are principally stimulated by the helplessness which these men feel in face of general apathy, non-responsiveness, and disinterest.

How far these factors and experiences have affected the general health of Church of Scotland ministers cannot be absolutely or precisely ascertained. But they are all present in the recent experiences of these men and may be implicated in the decline. At the same time, however, the decline in the health standard of these ministers has not declined as dramatically or as extensively as has sometimes been supposed. It may well be that public expressions of alarm, which exaggerate the true position, could themselves exert an adverse effect on health by making individual ministers excessively preoccupied with their real or imagined complaints and by provoking anxiety about their potential as pathological statistics; just as, for example, a coronary patients' fear and preoccupation with his own complaint increases the chances of a recurrence. Nevertheless, the indications of a general decline are present and it would be equally unwise for those concerned to ignore the possible implications.

(iii) Emotional Tension and Stress Symptoms. As this inquiry has progressed the forms of emotional tension experienced by Church of Scotland ministers have assumed increasing importance with reference to their total experience of health and illness. It has become quite apparent, in a more generalized way, that the greatest threats to their health are psychological and emotional rather than physical in nature. Emotional stresses and intrapersonal conflicts figure prominently in the experiences of disruption and disintegration to which they are most commonly subject. Once again, this aspect of their experience needs to be seen against a generally positive background. There is no evidence that Church of Scotland ministers are unusually vulnerable to suffer mental, emotional, or personality disorders. The true position may be concealed, of course, by a number of significant unknown quantities: it has not been possible to determine the extent to which such disorders and difficulties contribute to resignation, unattachment, or leave of absence among Church of Scotland ministers. It is conceivable that a number of those who suffer most acute forms of psychiatric illnesses or more bizarre personality and character disorders withdraw from or are removed from the ranks of the ministry creating a misleading and false picture of the mental health of Church of Scotland ministers. Even allowing for such unknowns, the standard of mental health enjoyed by these ministers is generally favourable.

However, it is clear that the major health hazards confronting these ministers are predominantly associated with emotional stress and personality conflicts, which become manifest in various processes of intrapersonal, emotional, and interpersonal disruption and which may not infrequently become manifest in psychosomatic symptoms and disorders. For example, it has been seen that mental, psychoneurotic, and personality disorders have figured prominently in the disablement of Church of Scotland

ministers and have become more prevalent as causes of permanent incapacity among younger ministers in the last decade. Disorders often regarded as being psychosomatic in nature have also made a significant contribution to the disablement of Church of Scotland ministers. The general health experience of a representative sample of parish ministers also revealed the extent to which they are exposed to significant emotional stresses, manifesting themselves in psycho-neurotic, personality, and psychosomatic symptoms and disorders. A notable feature of their general experience is the frequency with which they suffer from symptoms of fatigue and stress presenting all the characteristics of depressive reactions and often accompanied by physical symptoms of disintegration.

The disintegrative effects of emotional stress in the experience of Church of Scotland ministers are manifest. But the processes and factors which lie behind the symptoms, probably involving a complex and intricate interaction between intrapersonal, interpersonal, social, occupational, and vocational factors, are not so readily identified or simplified. However, there is sufficient evidence to suggest that these stresses are chiefly self-imposed and have their origins in the individual minister's personality, in particular in his basic sense of inferiority and insecurity and in his habitual inclination to indulge in self-blame and self-deprecation. There is little doubt that interpersonal, social, and occupational factors intervene to aggravate and reinforce the individual minister's underlying personality conflicts. These external forces are of undoubted significance. But it would seem that these ministers tend to be the victims of their own compulsive striving and dissatisfaction with themselves.

SOURCES OF INTEGRATION AND DISINTEGRATION

The emotional stresses which commonly appear in the experience of

Church of Scotland ministers are apparently associated with a series of existential polarities between which they tend to be torn. A variety of personality and occupational factors and processes make it difficult for them to manage these tensions in a constructive manner.

Many of these men tend to distort and to confuse the existential and ontological dimensions of their lives. Their faith-commitment or ultimate concern provides an integrating sense of direction and purpose to which their whole lives are directed. This commitment may be extremely positive in its existential effects. Ideally, it provides an over-riding and over-arching sense of purpose which embraces all his proximate responsibilities and which invests every aspect of his existence with meaning. This is the ideal. However, it is evident that many of these ministers confuse their ultimate commitment with their provisional responsibilities. Their ultimate commitment to God tends to be reduced to the proportions of a proximate concern which stands against and in opposition to all other immediate concerns and responsibilities. For example, his particular occupational responsibilities are invested with ultimacy and assume priority over all other responsibilities, while his marriage and family life, for example, instead of being as much a responsible expression of his ultimate concern as his occupational obligations is invariably sacrificed and reduced to secondary status. In other words, these ministers tend to regard their specific occupational obligations as being synonymous with their ultimate concern and view their vocational fidelity as the expression par excellence of their faith-commitment to which all other responsibilities must be subordinate. This subtle distortion of the ontological and existential dimensions of their total being probably arises out of intrapersonal pressures and, intensified by parochial, social, and ecclesiastical expectations, may have damaging effects on almost every other aspect of their lives.

This existential-ontological distortion becomes manifest in a tension between the polarities of freedom and responsibility. Their understanding of their faith seems to imply that responsibility, as they see it, always has priority over freedom and that personal freedom must be sacrificed in the interests of fulfilling their vocational responsibilities. It is almost as though the exercise of personal freedom, in the fulfilment of personal needs for security and satisfaction, in the expression of a wide range of emotions, in developing a distinct and differentiated personality, and in open encounter in interpersonal relationships, is in some sense irresponsible or a denial of their special vocation.

This tension between freedom and responsibility becomes most apparent in a conflict between the polarity of holiness and humanity. The minister, presumably as an expression of his ultimate concern and vocational responsibility, is expected to be a special kind of person. He is expected to demonstrate the spiritual and moral qualities and the peculiar personality and temperamental characteristics identified with holiness. But this necessarily means that it is required that he should forfeit his humanity, personality, and masculinity in order to attain this level of holiness. This notion has far-reaching theological implications, especially in relation to the doctrines of creation and of the incarnation, and appears to be essentially life-denying.

The minister then experiences a conflict between isolation and intimacy or between individuation and participation. This tension is the inevitable outcome of the denial of both his freedom and his humanity and has particularly destructive possibilities. The minister is expected, if he is responsible and holy, to be 'a man apart' and to sacrifice his need for intimacy and to forfeit his potentiality for creative participation in normal personal and social intercourse and is supposed to exist on a different plane of being than his fellow men.

These processes and the tensions involved in them seem to have an important place in the experience of Church of Scotland ministers. These conflicts are closely inter-related and have many ramifications in the living experience of these ministers. The extremely one-sided emphasis on vocational commitment, responsibility, holiness, and apartness is implicit in the traditional imagery of the ministry within the Church of Scotland and to some extent it appears to be imposed on the individual minister by powerful and compelling external forces. In effect, this emphasis requires that a minister should sacrifice or amputate one half of his potential being-in-the-world and serious intrapersonal and interpersonal tensions and fragmentations are inevitable. However, as has been emphasized, these existential tensions and distortions of his potential being primarily emanate from and are manifestations of the minister's own personality conflicts and compulsions. He is, in a sense, responsible for the denial and destruction of his own potentialities.

A GUILT-NEUROSIS SYNDROME?

In terms of the experience of these ministers, the theoretical (or hypothetical) possibility that their experiences of disintegration, particularly intrapersonal and interpersonal disintegration, are chiefly the product of deeply ingrained and pervasive personality conflicts deserves close investigation. There is reason to conclude that these men tend to be the victims of a constellation of dynamically inter-related inner-conflicts which virtually amount to a widely prevalent guilt-neurosis syndrome and which becomes manifest in habitual self-blame, self-deprecation, and self-mortification, in compulsive striving to make a mark and to gain approval and respect, in intropunitive hostility and emotional flatness. It would seem that many of these men are caught in a vicious and seemingly unbreakable chain-reaction or involitional circle, which betrays a deep

sense of inferiority, unworthiness, and insecurity, and which produces intrapersonal, emotional, interpersonal, and ultimately physical forms of fragmentation and disintegration.

On the basis of the experience of these men, it would appear that the greatest health hazard to which they are subject is the threat of their own self-punishing and self-denigrating inclinations, which tend to be reinforced by the external pressures and expectations imposed on them, and it is not unlikely that these attitudes have their origins in the minister's early relationships with significant figures in his childhood and youth. For the present, this aspect of their experience must remain a matter of hypothetical and theoretical speculation and left open for further research and discussion. But it seems likely that a characteristic guilt-neurosis syndrome may be decisive in Church of Scotland ministers' experiences of integration and disintegration, especially in the intrapersonal and interpersonal dimensions of their total being-in-the-world.

AREAS FOR FUTURE RESEARCH

The research project reported here, following a three phase programme, was intentionally conducted on a broad basis with the object of providing a foundation from which more detailed, microscopic studies of specific areas of the health experience of these ministers could be conducted. It will be evident from this general resume of the principal conclusions that there are many areas which warrant closer examination and which are worthy of research.

(i) Mortality Experience. The segment of this inquiry devoted to the mortality experience of Church of Scotland ministers has many acknowledged statistical weaknesses. This particularly applies to the consideration of the life expectation and age-specific death rate of these clergymen. A more precise and statistically reliable mortality study would be a valuable

undertaking, to test the reliability of the general conclusions presented in this study if nothing else. Such a study could be conducted on similar lines to that of examining the mortality experience of Lutheran ministers in the United States reported by H. King and J.C. Bailar (1968):

involving a statistical analysis of the mortality of a given population, at a particular point in time and with age specific data, over a ten year period. Such a study could make provision for a comparative study conducted on a denominational basis.

(ii) Coronary Heart Disease. It is quite apparent that the prevalence of coronary heart disease in the experience of Church of Scotland ministers is one of the few respects in which their health record has been unusually unfavourable. However, little is known of the reasons for this phenomenon: any one of a variety of factors, for instance, smoking, diet, emotional stress, occupational tensions, personality conflicts, or occupational mobility and social discontinuity, could be implicated. But nothing can be stated with any degree of certainty. This aspect of their experience requires more detailed and specialized consideration. A comparative study of a variety of factors and comparing the experience of divers occupational groups seems to be necessitated.

(iii) Unknown Quantities. The health record of Church of Scotland ministers is possibly enhanced by the fact that there are many unknown quantities which may conceal most important facts. It is not known how often health factors contribute to resignation, unattachment, or leave of absence within this clergy group. It appears probable that an examination of the experience of these categories of ministers could provide valuable information about the health of this group which is at present concealed, and there is reason to suspect that it could provide significant information about mental health and illness in the ministry of the Church of Scotland.

(iv) Role-Conflict. It has emerged that role conflict, between parishioner expectations and the minister's personal expectations, is often a source of tension and anxiety for the Scottish parish minister. However, this area of their experience has not been explored in detail. There is evidence of a movement toward a more functional concept of the ministry, which is a radical departure from the traditional norm, and that attempts to put this concept into effect may provoke opposition and interpersonal conflicts which may bear on the health of individual ministers. Research devoted to this issue, particularly with regard to the disparity between parishioner and ministerial expectations, could prove most illuminating. The studies conducted by Blizzard (1956 (a), 1958 (a), 1959) provide a valuable model for such research.

(v) Guilt and Intropunitive Hostility. The extent to which the pressures and tensions experienced by these ministers are unconsciously self-imposed may be a decisive factor in their health and illness and may account for their vulnerability to psychological, emotional, personality, and psychosomatic processes of disruption and fragmentation. This inquiry, particularly the personal survey, has been conducted chiefly at the level of their conscious self-awareness. Personality studies, particularly those using projective techniques, may illuminate this facet of their experience and could provide further insight into their experience of health and illness. The background relationships of Church of Scotland ministers, especially those with parents, bear closer scrutiny.

(vi) The Minister's Wife. No attempt has been made in this inquiry to explore the experience of the wives of Church of Scotland ministers. Isolated fragments of information appeared throughout the conduct of the personal survey to suggest that these ministers' wives are also subject to significant pressures and stresses. It appeared, inadvertently, that the wives of a number of men resented their husbands' frequent absences, or

had suffered from an acute sense of social isolation, and in several cases had required medical and/or psychiatric treatment for depression, anxiety, or non-specific forms of emotional stress. No details of these experiences have been collected or collated, but it would seem that the health of ministers' wives may be of as much if not more concern than that of the husbands. Research in this area seems to be most necessary.

Research in any of these areas would be a valuable addition to and extension of the inquiry reported in these pages.

THEOLOGICAL POSTSCRIPT: SELF-ACCEPTANCE OR SELF-DESTRUCTION?1. ADAM'S INABILITY TO ACCEPT HIMSELF

An ancient tale relates the story of Adam, a man who could not accept himself or the conditions of his existence. This man's being-in-the-world was marked by a pervasive, although often subtle and disguised, tension between possibilities of self-acceptance or self-destruction.

Adam, the man, was brought into being and given life in the Garden of Eden (Genesis 2: 4-25): no mythical paradise or no long-lost utopian state, for he was given life on this earth (Genesis 2: 10-14). In the garden, Adam was given everything necessary to lead a rich, satisfying, and creative life and the resources to actualize his potentialities and to fulfil his destiny.

He was given freedom and a capacity for pleasure and enjoyment. We are told he was given everything necessary to be a delight to the senses. What is man's chief end? Man's chief end is to glorify God and enjoy him forever. As a basic condition of his existence, Adam was given the freedom to choose how he would use his resources and the freedom to fulfil his potentialities in a distinctive manner. Adam was given the capacity for pleasure and for self-fulfilment. For this he was made.

This man was also given, together with the condition of freedom, a particular destiny. He was given a potential for creative work: a capacity for sharing in the continuing process of creation. To this end, he was given power and dominion over his resources and natural environment (Genesis 1: 28-29). This was to be his unique destiny: to share positively, creatively, and responsibly in God's creative activity. For this he was made.

Again, Adam did not have to exist alone, in complete isolation and loneliness (Genesis 2: 18). He was given a helpmate, his wife Eve

(the "mother of all things"), to share his pleasure and creative work. Together they were given the capacity to enter into and to participate in an intimate and worthwhile relationship. They could attain the ultimate intimacy: to "become one flesh" (Genesis 2: 24), a source of satisfaction to them both and a confirmation of their capacity for pleasure and creativity. For this he was made.

The tragedy of Adam's tale, his-story, lies in his manifest inability to accept the conditions of his existence. Before long he became restless and dissatisfied, which grew out of his discontent with the limitations which had been placed on his being. The contingencies of his existence he could not or would not accept.

He was dependent upon both the resources which God had given to him and upon the support of others. The actualization of his potentialities was contingent upon the particular resources available to him and upon his capacity for interpersonal union in interdependent relationships. He could not escape the givenness of his existence. But he longed for absolute self-reliance, he wished for power and independence, he desired mastery and control - not only over nature and his environment, but over God and all the issues of his destiny as well. The fact of dependence he could not accept as a condition of his existence.

Although he had freedom to affirm himself, his existence was also destined and shaped by external structures. His freedom could never be absolute, but was limited and had to be exercised responsibly within the given conditions of his existence. In the garden was "the tree of the knowledge of good and evil" (Genesis 2: 9), to which Adam had access but over which he had no control or authority (Genesis 2: 17). Adam always had a choice. But for his potential for pleasure, creativity and intimacy to be satisfied and fulfilled he lived under the requirement to exercise his freedom responsibly. But he wished for absolute freedom

and the constraining obligation for responsibility was galling and difficult to accept.

Perhaps worst of all, Adam discovered his fragility and mortality. His existence was contingent and bound in every direction by the condition of finitude. There was never a time when he could anticipate immortality, although he might wish for it. "In the midst of the garden", as a fundamental condition of Adam's being, was "the tree of life" (Genesis 2: 9) to which he had no access and over which he had no power. The power of life lay beyond his grasp. He would surely die. But this his greatest limitation he could not tolerate or accept.

His story, and that of his descendants, bears the marks of Adam's inability to accept the conditions of his existence and the limitations imposed on the power of his being. It is the story of a life-long (eternal?) struggle as Adam utilizes his energy and resources to attain self-sufficiency and self-reliance, to gain control and power over the issues of his destiny, to set himself free from dependence on others, and, above all else, in the pursuit of omnipotence and immortality.

Against the conditions of his existence, Adam manifests a need to prove himself and to demonstrate his potency. But tragically, and paradoxically, the very means by which he seeks to assert and to demonstrate his lovableness, capability, and imperishability become precisely the means of his self-destruction. In aggressive self-assertion and in the desperate attempt to prove himself Adam becomes the instrument of his own self-negation and the destruction of his own potentialities.

Adam's first disobedience betrays his unquenchable desire to prove himself. Being unable to accept himself he had to impress his woman: "The woman you gave to be with me, she gave me the fruit of the tree, and I ate". He had to gain respect and approval, and, ironically, exposes the lack of self-reliance or self-sufficiency which he finds so difficult to accept.

Before long they began to create a close-knit family as one aspect of their destiny and as an expression of their creativity and responsibility (Genesis 4: 1). But it could also become a matter of pride, a means by which Adam could make his mark and perhaps "live-on" in his descendants. Perhaps this could be a way of prolonging his life and could reduce the terrors of his mortality.

Adam was committed to work creatively and responsibly. But for him this became a matter of toil (Genesis 3: 17) rather than a source of pleasure and satisfaction. His work could become another way to prove himself, but would mean forfeiting the freedom which is so precious to him.

Out of Adam's inability to accept himself and out of his sense of inferiority the seeds are sown of bitter conflict between man and man. If he could not accept himself then he could not accept others. Cain and Abel, Adam's sons, could not accept themselves and therefore could not accept one another. In their need to prove themselves individually they could only view the other with suspicion and as a potential rival. Each needed to preserve himself and to protect his particular property. So the first murder was enacted because Cain could not accept the challenge and had to preserve his own being at all costs: "Am I my brother's keeper?" (Genesis 4: 3-9). So Cain isolates himself and becomes estranged from the possibilities of normal relationships (Genesis 4: 10-18). He is condemned, by his individualism and self-deification, to bear the mark of estrangement.

The descendants of Adam and Cain set to work to build great societies and begin to cluster together in groups, communities, and cities. Perhaps the terror of isolation and estrangement can be alleviated in communalism and group-deification. But Adam's inability to accept himself has been instilled in them and they have to make a mark for themselves as a society: "Come, let us build a city, and a tower with its top in the

heavens, and let us make a name for ourselves, lest we be scattered upon the face of the earth" (Genesis 11: 4). They had acquired Adam's compulsive drive to prove himself. Perhaps here was a way to live on forever: in the monuments of group-deification. Then precisely what they most fear comes to be (Genesis 11: 9).

The history of Adam and his descendants is permeated by a life and death struggle between self-acceptance and self-destruction, between self-affirmation and self-negation. Adam's inability to accept himself, particularly his dread of separation and death, distorts and disintegrates every facet of his being-in-the-world: the use of his environment, his attitude to himself, and his relationships with others are all affected by his need to prove himself, to make his mark, and to prolong his existence in the ultimate hope of gaining immortality. The tragedy is that, in these processes, Adam restricts and negates his potentialities. Instead of affirming his being and actualizing his potentialities, Adam forfeits his individuality or stifles his capacity for intimacy and limits the scope of his self-affirmation.

In effect, partially or totally, Adam negates his being in the futile pursuit of an unattainable goal and in his attempts to escape from the inescapable: "In the sweat of your face you shall eat bread till you return to the ground, for out of it you were taken; you are dust and to dust you shall return" (Genesis 3: 19). Adam engages in a futile struggle to acquire unattainable fruit: the tree of life is withheld and cannot be possessed.

2. "FOR AS IN ADAM ALL DIE"⁽¹⁾

The history of Adam is the story of mankind and of every particular man. The ministers with whom we have been concerned are no less sons of Adam than any other man and the existential tension between self-

(1) I Cor. 15: 22.

affirmation and self-negation are no less decisive in their attempts to actualize their potentialities and to achieve wholeness.

The tension between self-acceptance and self-destruction is the critical issue in all their experiences of integration and disintegration. Self-acceptance is the key to self-affirmation and is crucial if the minister, as a man, is to gain adequate satisfaction for his physical and personal needs, if he is to fulfil his unique and distinctive potentialities as an individuated and integrated person, if he is to participate in satisfying mutual and intimate relationships, and if he is to utilize his resources for creative and meaningful purposes. If, however, he is unable to accept himself or the contingencies of his existence then the affirmation of his potentialities in every dimension of his being will be stifled and negated. He will be condemned, by his own anxiety and despair, to the impotence, isolation, and sense of futility which he most dreads.

The experiences disclosed by these men reveals the extent to which Adam's inability to accept himself or the conditions of his existence has been instilled in them. The effects are most apparent in their oscillations between the poles of individualization and participation: in their attitudes toward themselves and in their relationships with others. The extent to which individuals are unable to accept themselves and the psychic and physical manifestations of self-negation vary widely in the experience of individual ministers, but the theme of self-negation comes through at many points.

Man's inability to accept the limitations imposed on himself and the fact that his existence in every respect becomes manifest in negative self-attitudes and the lack of self-respect:

it may appear in the minister's deeply ingrained sense of inferiority, unworthiness, and worthlessness, and in his attempts to

gain recognition, public approval, and to appear as a notable success;

it may be exposed in his habitual self-deprecating and self-denigrating attitudes and in his compliance and conformity to the wishes, demands, and expectations of others;

it may be betrayed by a pervasive attitude of self-blame and self-rejection, a kind of inverted pride which assumes that he ought to be omnipotent and omnicompetent, and in a complementary fear of failure, condemnation, and rejection;

and it may be demonstrated in his self-assertive individualism, as he drives himself to make his mark and to prove himself, and as he uses his aggressive impulses as an instrument of self-punishment and destroys himself inwardly for any real or imagined failure or inadequacy.

Self-negation, arising out of basic inferiority and insecurity, is equally apparent in the minister's relationships:

it is manifest in the extent to which he may withhold himself from intimacy and interpersonal union, based on the fear of being smothered and the dread of losing himself in union, so that he keeps himself at a distance from all personal contacts even in the most intimate areas of his life;

it may be seen in his suspicion and jealousy of others, especially in his competitive jealousy of his colleagues who may appear as rivals and as potential threats to his security and ambitions;

it may be exposed, paradoxically, in his equally strong wish to gain affection, approval, and admiration, in the manipulation of his professional status and relationships to acquire vicarious satisfaction, in his suppressed longing for intimacy and in the fancies of seduction which may plague his mind;

and it may become apparent in his compulsive striving to please and to comply with the wishes of others at all costs, so that all traces of his individuality are washed out, his own desires are repressed or

consciously inhibited, the range and depth of his emotions is constricted and stifled, and he passively accepts and fits into the role, personality and temperament expected of him to become a collectivized isolate.

Whatever the particular manifestations in the life of individuals, the underlying process is the tension between self-affirmation and self-negation, between self-fulfilment and self-mortification, and the decisive factor is the extent to which self-acceptance is present or absent. The inability to accept oneself can only undermine the minister's self-confidence and self-assurance and stunt the process of individuation by which he becomes a unique, distinctive, integrated person; it is also bound to distort and disrupt his relationships and to stifle his potentiality for engaging in mature, mutual, intimate interpersonal union. Such profound inferiority may have far-reaching repercussions and wreak physical and psychological havoc in the individual's life. It is often the decisive factor in the minister's experience of health and illness.

3. "..... SO IN CHRIST SHALL ALL BE MADE ALIVE"

The concept of self-denial, with all its connotations of self-surrender, self-deprivation, self-deprecation, and self-mortification, is often presented as the ideal of Christian life and as the ultimate Christian virtue. The central principle of the Christian's response is to "cross out the letter I" and to surrender oneself totally, body, mind, emotions, and spirit, to the will of God. The minister, in particular, is expected to be an exemplary model of this Christian virtue and the quality of his faith and life may be measured in terms of his willingness to sacrifice himself in order to serve God and his neighbours. Any indications of "self-love" in his attitude to himself are considered almost indecent. This interpretation of self-denial, with a negative

emphasis, is a particularly potent force within the Reformed tradition and is almost inevitably a component in the minister's attitude to himself and in his understanding of the demands of his faith. However, the virtue and healthiness of this distinctly Puritan interpretation of self-denial, with its emphasis on self-negation and self-mortification, is extremely suspect.

There is no question of the centrality of this principle in the teaching of Christ: "If any man would come after me, let him deny himself and take up his cross and follow me. For whoever would save his life will lose it; and whoever loses his life for my sake and the gospel's will save it." (Mark 8: 34-35). Considered literally and superficially it is all too easy to stress the negative aspects of this teaching. But it has an equally positive aspect, which is often overlooked: self-denial is only required in order to "follow" Christ and in order to find "life". The essence of Christian life is then not self-denial but the positive following of Christ and the affirmation of new life found in him. This new life is essentially characterized by love: love of self, love of others, and love of God, as distinct from a life characterized by individualistic selfishness and assertiveness which can only lead to the paradoxical negation of self and the loss of life. The essential theme is distinctly positive and life-affirming: "You shall love the Lord your God with all your heart, and with all your soul, and with all your mind. This is the great and first commandment. And a second is like it, You shall love your neighbour as yourself". (Matt. 22: 37-39). It is precisely this love which provides the basis for the affirmation of life and the actualization of a person's full potentialities. It is only within the framework of this love that self-acceptance and self-affirmation become possibilities and may be realized in actuality in the minister's life.

It is only in the encounter with God that total and unconditional acceptance is experienced. The only absolute and perfect acceptance, the only unconditional acceptance, is that expressed by God in Christ and God's acceptance is the foundation of self-acceptance and the acceptance of others. This is the crux of the gospel: you have been forgiven, you are accepted, and you are respected as a unique person in your own right. Even if a person is unable to accept himself, even if he is unable to become absolutely acceptable by any endeavours or actions of his own, he is nevertheless accepted by God. This is the fact which grasped and overwhelmed Mary Magdala, the village harlot, Zacchaeus, the thief, and Saul, the persecutor, in the encounter with Christ. For them this was good news which exerted a transforming power on their lives and reversed the process of self-destruction and the destruction of others in the direction of self-affirmation. God's acceptance, embodied in Christ, is not contingent in any respect. It is not contingent upon moral judgment or upon permissive indifference. It is absolute and unconditional acceptance, based on deep respect, sympathy, and concern, and is not contingent upon a man's efforts to win approval nor on his attempts to assuage his sense of guilt and estrangement. It is an unconditional fact. That is the gospel.

When the fact of God's acceptance grasps a man it becomes the dynamic foundation for self-acceptance, self-respect, and self-confidence. This fact breaks open the possibility of gaining a measure of freedom from Adam's crushing and destructive inability to accept himself and opens the way to self-affirmation, individualization, and to the fullest possible actualization of one's unique potentialities, without shame or guilt or self-deprecation. Within the framework of God's loving acceptance it becomes unnecessary for a man to prove himself, to attempt to win approval and recognition or to secure salvation and immortality by his works. He is set free from fear, guilt, and despair, and becomes free

to recognize and to accept both the limitations and the potentialities of his person and existence. Crippling and destructive inclinations toward self-blame, self-denigration, and self-mortification are no longer necessary. On the contrary, the positive affirmation of individual potentialities for pleasure and creativity, for love and service, for compassion and service, becomes a responsible expression of a man's response to God's acceptance and love rather than a frustrating and futile attempt to win approval. Such self-love and self-respect, made possible by the realization of God's love, is one of the essential components in the process of self-affirmation and becomes manifest in self-confidence and individuation.

When the fact of God's loving acceptance grasps a man it also provides the dynamic foundation for self-creation and for the participation in satisfying and responsible interpersonal relationships. The man who has acquired, through God's love, a measure of self-respect and self-confidence is then set free to move out from his secure and individuated centre to express his potentiality and new-found potency in giving himself to others. He is set free from both the compulsive quest for affection and admiration and from the terrors of being lost or absorbed in interpersonal union. For the man who has been seized by God's love the expression of his potency and his participation in mutual and mature relationships is no longer a matter of law, it is not a legalistic obligation for which he needs must deprive and deny himself. It is a compelling and inevitable expression of his response to God's love and is a positive affirmation of his potentiality as a unique and individuated self. Such love for others, in response to God's love, is another essential component in the process of self-affirmation and becomes manifest in responsible participation and interpersonal union.

For the minister, as for any other, the unconditional acceptance experienced in the encounter with God is the basis of full life and sets him free to affirm his potentialities as an individuated self and as a responsible participant. The decisive factor in his experiences of health and illness is whether or not grace has been experienced, or whether or not the gospel has in fact struck home and registered in every dimension of his being. The crux of the matter is clearly expressed and summed-up in the profound insights of an eminent psychologist and an equally eminent theologian:

"The patient does not feel himself accepted unless the very worst in him is accepted too. No one can bring this about by mere words: it comes only through the doctor's sincerity and through his attitude toward himself and his own evil side. If the doctor wants to offer guidance to another, or even accompany him a step of the way, he must be in touch with the other person's psychic life.We can get in touch with another person only by an attitude of unprejudiced objectivity.It is a human quality - a kind of deep respect for facts and events and for the person who suffers from them - a respect for the secret of human life. The truly religious person has this attitude.But if the doctor wishes to help a human being he must be able to accept him as he is. And he can do this in reality only when he has already seen and accepted himself as he is" (C.G. Jung, 1934, op.cit., p. 270-1);

"We cannot transform our lives, unless we allow them to be transformed by that stroke of grace. It happens; or it does not happen. And certainly it does not happen if we try to force it upon ourselves, just as it shall not happen so long as we think, in our self-complacency, that we have no need of it. Grace strikes us when we are in great pain and restlessness.Sometimes at that moment a wave of light breaks into our darkness, and it is as though a voice were saying: 'You are accepted. You are accepted, accepted by that which is greater than you, and the name of which you do not know. Do not ask for

the name now; perhaps you will find it later. Do not try to do anything now; perhaps later you will do much. Do not seek for anything; do not perform anything; do not intend anything. Simply accept the fact that you are accepted!' (P. Tillich, The Shaking of the Foundations, Pelican 1962, p. 163).

These observations, offered with reference to a more particular and a more general situation respectively, have profound implications for the parish minister's struggles between individualization and participation and for his movements in the directions of self-destruction and self-acceptance.

APPENDICES

APPENDIX I: ABSTRACTS OF RESEARCH.

APPENDIX II: GENERAL TABLES.

BIBLIOGRAPHY.

APPENDIX I

ABSTRACTS OF RESEARCH FINDINGS
CONCERNING THE HEALTH, NEUROTICISM,
AND PERSONALITY CHARACTERISTICS OF CLERGY

TABLE IA: HEALTH STUDIES OF CLERGYMEN

TABLE IB: STUDIES OF NEUROTICISM, TOTAL ADJUSTMENT,
EMOTIONAL STABILITY, AND OTHER PERSONALITY
CHARACTERISTICS OF CLERGYMEN

NOTE: These studies are arranged in chronological order. The bracketed letters following the author's name and the date of publication refers to the category in which they may be found in R.J. MENGES & J.E. DITTES, Psychological Studies of Clergymen (1965).

TABLE IA: THE HEALTH OF CLERGYMEN

| AUTHOR, SUBJECTS, & METHODS | FINDINGS | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------|---------|--------|-----|--|--|------|--------|---------|--------|------------------|-----|----|----|----|------------------|----|----|---|---|------------|---|---|----|---|
| <p>1. MOORE, T.V. (1936) (F)</p> <p>Catholic priests and religious, U.S.A.</p> <p>Clinical records.</p> | <p>Total incidence of insanity among religious much lower than general population; possibly due to the absence of syphilitic type.</p> <p>Principle disorders:</p> <table border="1" data-bbox="728 442 1370 707"> <thead> <tr> <th></th> <th colspan="2">Women</th> <th colspan="2">Men</th> </tr> <tr> <th></th> <th>Nuns</th> <th>Others</th> <th>Priests</th> <th>Others</th> </tr> </thead> <tbody> <tr> <td>Dementia praecox</td> <td>44%</td> <td>21</td> <td>28</td> <td>17</td> </tr> <tr> <td>Manic-depressive</td> <td>18</td> <td>17</td> <td>-</td> <td>-</td> </tr> <tr> <td>Alcoholism</td> <td>-</td> <td>-</td> <td>21</td> <td>7</td> </tr> </tbody> </table> <p>High proportion of dementia praecox may be because the pre-psychotic is attracted to the religious life.</p> | | Women | | Men | | | Nuns | Others | Priests | Others | Dementia praecox | 44% | 21 | 28 | 17 | Manic-depressive | 18 | 17 | - | - | Alcoholism | - | - | 21 | 7 |
| | Women | | Men | | | | | | | | | | | | | | | | | | | | | | | |
| | Nuns | Others | Priests | Others | | | | | | | | | | | | | | | | | | | | | | |
| Dementia praecox | 44% | 21 | 28 | 17 | | | | | | | | | | | | | | | | | | | | | | |
| Manic-depressive | 18 | 17 | - | - | | | | | | | | | | | | | | | | | | | | | | |
| Alcoholism | - | - | 21 | 7 | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. CARRIER, B. (1951) (E)</p> <p>Counselling experience with preministerial students (no details).</p> | <p>Counselling experience with preministerial students revealed that:</p> <p>personality conflicts follow the range found in other occupations, but they have certain emphases due to religious background and vocational situation;</p> <p>problems associated with guilt are more acute and often displaced;</p> <p>ideals are abstract and generalised, and express absolute codes which tend to be isolating and disillusioning.</p> <p>They need a realistic way of defining goals, and counselling could be of value in achieving emotional release.</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>3. BLAIN, D. (1953) (D)</p> <p>Protestant clergy, U.S.A.</p> <p>Clinical observation in general practice descriptive.</p> | <p>Most clergymen have a high degree of mental health.</p> <p>Health hazards of the ministry:</p> <ul style="list-style-type: none"> (i) high degree of material sacrifice (ii) restrictions on personal pleasures and emotional restraint (iii) lack of personal freedom and privacy (iv) constant emotional appeals for help (v) difficult to limit ministerial activities to attainable goals. | | | | | | | | | | | | | | | | | | | | | | | | | |

4. THAYER, C.R. (1953) (B2)

Protestant clergy, U.S.A.

Case studies but no details given; descriptive

Descriptive study of the 'neurotic type'. The minister most likely to become a casualty to nervous difficulties suffers from one or several of "seven deadly sins"; lack of self-confidence; self-pity; social detachment; over-ambition; perfectionism; inhibitions and compulsions; lack of adequate self-confidence.

5. MEIBURG, A.L. & YOUNG, R.K. (1958) (F)

Hospitalized protestant (mainly Baptist) clergy, U.S.A. N - 113

Clinical records.

Diagnostic categories of admissions:

- 18% Mental, psychoneurotic, and personality disorders;
- 13.2 Diseases of the circulatory system;
- 12.5 Diseases of the genito-urinary system;
- 9.7 Diseases of the respiratory system;
- 7.6 Diseases of the digestive system;
- 7.6 Diseases of the nervous system and the sense organs.

An emotional factor present in 40/113 cases; psychological disorders in 22/113; and anxiety states plus functional digestive disorders in 17/113.

Overwork a common problem but usually stems from underlying personality problems.

6. MORGAN, L. (1958) (F)

Hospitalized clergy, U.S.A., 1946 and 1956. N - 26

Questionnaires

The rate of mental illness among clergy corresponds with the proportion of the population associated with their faith group.

Overwork is not the cause of such illness. More significant are personality problems which have interfered with achievement of success.

7. SOUTHARD, S. (1958) (F)

Protestant clergy, U.S.A.

Descriptive over-view of research.

Conclusions:

breakdowns are not more frequent than in other professions;
 more doctors and lawyers have to be hospitalized;
 they are sensitive to failure and tend to blame themselves;
 a 'liberal' or 'conservative' theology is not a mark of well-being;
 the way they use time is more important than the amount of time they work;
 occupational stress is only an indirect factor in emotional disorders.

8. CHRISTENSEN, C.W. (1959, 1961, 1963(a) & (b)) (F)

Hospitalized protestant clergy, U.S.A., 1954-1959. N - 100

Clinical records and case histories.

Each study deals with a specific aspect of the mental health of clergy. The over-all diagnoses of 100 cases are:

| | |
|------------------------|--------|
| psychotic | 16/100 |
| psychoneurotic | 33/100 |
| personality disorders. | 51/100 |

The proportion in each of these diagnostic categories reflects the incidence found in the population of hospital patients.

9. McALLISTER, R.J. & VANDERBELT, A. (1961, 1962, 1965) (F)

Hospitalized Catholic priests, U.S.A. N - 100.

Clinical records, compared with 100 other patients.

Examines the differences between 100 clergy patients and 100 others.

Alcoholism: they question whether this should be regarded as a 'spiritual' illness. Passive-aggressive disturbances involved in 50% of these cases; possibly acting-out hostility against occupational role and thereby against parents through alcoholism.

Incidence of depression among clergy patients lower than general population.

10. FALK, L.L. (1962) (D)

Protestant clergy, U.S.A.

Case histories and interviews.

Studies the types of role conflict to which clergymen are exposed and their responses to these conflicts.

Conclusions:

where there is increased disagreement among parishioners ministers tend to reject unacceptable expectations or redefine their role; when parishioners consensually disagree with the minister then he tends to become depressed rather than reacting in an overt way; ministers generally underestimate the amount of disagreement between themselves and parishioners. (Note: this study was not directly concerned with health.)

11. BOWES, N.T. (1963) (B2)

Catholic priests and religious, U.S.A.

18 years clinical experience; Rorschach, SCT, and TAT used for testing.

The most common problems experienced by clergymen are associated with:

- (i) psychosexual development;
- (ii) interpersonal relationships;
- (iii) scrupulosity;
- (iv) dependency;
- (v) compulsive-obsessive perfectionism;
- (vi) depression;
- (vii) affect laden states.

12. BOWERS, M. (1963) (E)

Clergymen, chiefly
Episcopal, U.S.A.

Clinical experience
and case histories.

Discusses the most common problem areas which have emerged in long-term psychotherapeutic experience with clergy, and illustrates these with case studies and anecdotal material.

Problems most frequently arise from conflicts associated with:
loneliness and social detachment;
self-image and expectations;
primary-process thinking (i.e. symbolic);
unconscious motivation.

13. STEWART, C.W. (1965) (D)

Clergymen, U.S.A.
members of the Institute
of Advanced Pastoral
Studies.

Questionnaire.

Major sources of frustration for clergy:

35% related to work;
24% the apathy and opposition of people with whom they work;
13% personal inadequacies;
8% conflict between the state of the Church and the minister's traditional role and functions.

14. LAKE, F. (1966) (Not listed)

Protestant clergy,
England seen in
private practice. N - 100.

Diagnoses of complaints suffered by his last 100 clergy patients:

39/100 fully developed depression (76/100 depressive symptoms);
19/100 markedly hysterical (46/100 mildly hysterical reaction);
24/100 anxiety states (73/100 "commitment anxiety");
15/100 schizoid personality reactions;
37/100 'some degree of homosexual involvement', 24/100 sporadic but persistent homos. fantasies, 13/100 homos. fantasies at one time.

Most frequent complaints: depression, hysteria, detachment, anxiety states and homosexual problems (real or imagined).

15. a'BROOK, M.F., HALLSTONE, J.D., & McLACHLAN, I.E.J. (1969) (Not listed)

Hospitalized clergy,
England majority
Church of England. N - 51

Clinical records.

Main diagnostic categories: affective psychosis (35.1%), organic psychosis (21.6%), sex-deviations (21.6%), and personality disorders (10.8%).

Compared with doctors: clergymen more co-operative patients; have a higher average age of breakdown; experience a significantly higher

incidence of organic psychosis and sexual deviations, but lower incidence of drug addiction; less likely to commit suicide after discharge.

No single factor to explain common illnesses.

Footnote:

Due to difficulties in reducing the results to the form of synopses, the occupational mortality studies referred to in the text have not been included in this table; that is, Fecher, 1960 and 1964; King and Bailar, 1968; and the Metropolitan Life Insurance Company, New York, 1968. Each of these references are to be found in the Bibliography.

TABLE 1B: NEUROTICISM AND PERSONALITY CHARACTERISTICS OF CLERGYMEN

| Author | Subjects | Control | Tests & Characteristics | Score compared with control |
|--|---|--|--|----------------------------------|
| 1. SADLER (1929) (A2) | Divinity students, U.S.A. 1927-28 N = 93 | Student samples: medical-103 law -176 | Chapman, Anderson, Burr Psychological Tests; Thorndike CAVD College grades General intelligence Speed/accuracy | above below below |
| 2. SWARD (1931) (AI) | Catholic Seminary, U.S.A. N = 80 | Samples of students, faculty, & businessmen | Heidbreder Self-Rating Scales. Inferiority Complex Introversion | above above |
| 3. MAY, M.A. (1934) (A2) | Freshman theological students, U.S.A. | Freshman sample N = 11,995 | A.C.E.; Questionnaire Intelligence | below |
| 4. McCARTHY (1942) (AI) | Catholic Seminary, U.S.A. N = 229. | Published student norms. | Bernreuter Bi - N Neurotic tendency (Bell) Total adjustment (Flanagan) Confidence | above below below |
| 5. LAURIER (1942) (AI) | Religious Brothers, Canada. N = 33 | Sample (114) French-speaking 12th grade students | General Int. Test of the Institut Canadien D'Orientation Professionnelle: MacNitt's Personality & Vocational Guidance Test General Intelligence Introversion | below above |
| 6. JOHNSON, E.H. (1943) (AI) | Protestant Seminary, U.S.A. N = 150 | Sample of salesmen N = 150 | Bernreuter Bi - N Neurotic tendency Dominance | below below |
| 7. KIMBER (1947) (AI) | Bible Institute students, U.S.A. N = 140 | Student norms. | California Personality Inventory. Self-adjustment Social adjustment Nervous symptoms Personal worth | below below above above |
| 8. JOHNSON, G.K. (1947) (AI) | Theological students, U.S.A. N = ? | Student norms. | Bernreuter, SVIB, MMPI. Personality profiles Self-sufficiency Dominance | same above above |

| Author | Subjects | Control | Tests & Characteristics | Score |
|--|--|---|--|---|
| 9. BIER (1948) (B2) | Catholic Seminary, U.S.A. N = 171 | Student samples General-36 Medical-208 Dental-121 | MMPI (modified) Total adjustment.... compared with others (Note: all student groups below population norms) | below |
| 10. BROWN & LOWE (1951) (Not listed) | Protestant & Catholic students, U.S.A. N = ? | Student sample N = 788 | MMPI Hysteria Scale Lie Scale Depression/worry MMPI (modified) Emotional stability Morale | above above below above above |
| 11. KELLEY (1951) (B2) | Catholic candidates, U.S.A. N = 38 | High School & College student norms. | Rorschach, Bernreuter, & Faculty Ratings Sociobility Self-sufficiency | above below |
| 12. COCKRUM (1952) (AI) | Presbyterian Seminary, U.S.A. | Student norms. | Guilford-Martin Inventory Depression Emotional stability | below above |
| 13. JOHNSON, G.K. (1952) (AI) | Theological students, U.S.A. | Student norms. | (Not reported) Guilt Emotional incapacity | above above |
| 14. GONZALES (1956) (AI) | Catholic Minor Seminarians, Mexico N = 150 | 150 High School Students | Mental Health Analysis. Feelings of inadequacy Close personal relationships Interpersonal skills Social participation | below same same same |
| 15. SCHROEDER (1956) (AI) | Protestant students, U.S.A. N = 55 | 45 Science students | Group Rorschach; Monroe check-lists; A-V Study of Values. Adjustment level Passivity Conformity | same above above |
| 16. DODSON (1957) (AI) | Protestant seminarians, U.S.A. N = 50 | 50 Graduate students | Personal Data Sheet; disguised test of author- itarianism; Rosenzweig word association; sentence completions test; Gregory religious beliefs. Guilt Discomfort with sexual/ hostile feelings | above above |

| Author | Subjects | Control | Tests & Characteristics | Score |
|--|---|-----------------------------------|--|--|
| | | | Intropunitiveness Authoritarianism Emotional adjustment | above same same |
| 17. SCHEUERMAN (1958) (AI) | Catholic minor seminarians, U.S.A. N = 45 | Seminary 'drop-outs' N - 45 | Bernreuter. Total adjustment Self-sufficiency | above above |
| 18. GORMAN (1961) (AI) | Catholic minor seminarians (188) U.S.A. | Student norms. | MMPI; Kuder; Mooney Total adjustment | above |
| 19. McDONAGH (1961) (AI) | Catholic minor seminarians (135) U.S.A. | Student norms. | MMPI; Kuder; Mooney Total adjustment | above |
| 20. NISI (1962) (AI) | Protestant students, U.S.A. N = 50 | Student norms. | EPPS and Interview Exhibitionism Intrception Dependency | below above same |
| 21. CAMPBELL (1967) (Not listed) | Clergy & Student sample, Scotland. Clergy-18 Students-36 | British male norms. | Maudsley Personality Inventory (Eysenck Test); Hostility Blank (from MMPI); Omnibus Personality Inventory. Personality profiles Intropunitiveness Neuroticism: Presbyterian Others (Catholic, & Episcopal) | same above below same |
| 22. HAMILTON (1968) (Not listed) | Divinity students, Scotland. N = ? | Scottish student sample. | Cattell 16 P.F. Form C General Intelligence Premsiac factor Super-ego strength Dependency Dominance | below above above above below |

NOTE: In these synopses only significantly variant results have been recorded. In each of these studies many other personality factors and traits have been measured but with less significant results. Also, it is important that this list should not be regarded as being exhaustive. Other studies have almost certainly been conducted which have escaped the notice of this author.

APPENDIX II

GENERAL TABLES

TABLE 2A . CHURCH OF SCOTLAND BASIC STATISTICS , 1930 - 1969 .

| YEAR | HOME CHARGES | COMMUNICANT MEMBERS | NEW MEMBERS | PARISH MINISTERS | MINIMUM STIPEND £ | CHAPLAINS TO A.M. FORCES | COLONIAL & CONTINENTAL | NON-PAROCHIAL | UNATTACHED | SCOTTISH POPULATION OVER 20 YEARS |
|------|--------------|---------------------|-------------|------------------|-------------------|--------------------------|------------------------|---------------|------------|-----------------------------------|
| 1930 | 2,898 | 1,271,095 | 92,267 | (c.2790) | 300 | 16 | (51) | 52 | 186 | 3,022,100 |
| 1931 | 2,720 | 1,280,620 | 94,570 | . | " | . | . | . | . | 3,098,814 |
| 1932 | 2,679 | 1,287,438 | 91,195 | . | " | . | . | . | . | " |
| 1933 | 2,652 | 1,289,145 | 84,223 | . | " | . | . | . | . | " |
| 1934 | 2,615 | 1,290,271 | 82,706 | (c.2510) | " | . | . | . | . | " |
| 1935 | 2,602 | 1,288,648 | 79,101 | (c.2500) | " | 17 | (49) | 54 | 138 | 3,258,600 |
| 1936 | 2,588 | 1,288,571 | 79,897 | . | " | . | . | . | . | 3,274,600 |
| 1937 | 2,565 | 1,284,450 | 81,139 | . | " | . | . | . | . | 3,289,500 |
| 1938 | 2,536 | 1,286,509 | 84,247 | . | 305 | . | . | . | . | 3,299,900 |
| 1939 | 2,538 | 1,285,011 | 71,196 | 2,409 | " | 24 | 192 | 78 | 118 | 3,111,900 |
| 1940 | 2,507 | 1,278,297 | 69,739 | . | 310 | . | . | . | . | 3,360,000 |
| 1941 | 2,483 | 1,268,839 | 57,942 | . | 315 | . | . | . | . | 3,325,000 |
| 1942 | 2,466 | 1,261,890 | 53,925 | . | 330 | . | . | . | . | " |
| 1943 | 2,454 | 1,262,678 | 58,175 | . | 350 | . | . | . | . | " |
| 1944 | 2,443 | 1,264,125 | 57,735 | . | 370 | . | . | . | . | 3,021,000 |
| 1945 | 2,426 | 1,259,927 | 59,467 | 2,265 | 380 | 286 | 163 | 54 | 138 | 3,027,000 |
| 1946 | 2,410 | 1,261,646 | 80,000 | 2,246 | 390 | 143 | 156 | 80 | 109 | 3,341,000 |
| 1947 | 2,387 | 1,257,167 | 81,685 | 2,242 | 400 | 61 | 153 | . | . | 3,488,000 |
| 1948 | 2,377 | 1,263,423 | 87,632 | 2,218 | 415 | 40 | " | . | . | " |
| 1949 | 2,357 | 1,268,315 | 86,601 | 2,193 | 450 | 40 | 120 | . | . | " |
| 1950 | 2,348 | 1,268,315 | 84,534 | 2,206 | 480 | 44 | 150 | 89 | 98 | " |
| 1951 | 2,340 | 1,273,027 | 84,909 | 2,210 | 475 | 46 | 145 | 96 | 119 | 3,490,900 |
| 1952 | 2,322 | 1,278,468 | 87,870 | 2,182 | 500 | 46 | 145 | . | . | " |
| 1953 | 2,303 | 1,283,305 | 88,733 | 2,149 | 520 | 49 | 107 | . | . | " |
| 1954 | 2,296 | 1,292,127 | 92,095 | 2,160 | 550 | 50 | 112 | . | . | " |
| 1955 | 2,289 | 1,307,573 | 98,399 | 2,113 | " | 50 | 94 | 98 | 89 | 3,453,000 |
| 1956 | 2,280 | 1,319,574 | 94,626 | 2,080 | 600 | 47 | 101 | 96 | 111 | 3,495,100 |
| 1957 | 2,272 | 1,315,630 | 83,429 | 2,042 | 660 | 41 | (43) | . | . | 3,529,300 |
| 1958 | 2,257 | 1,315,466 | 84,243 | 1,982 | 685 | 38 | (48) | . | . | " |
| 1959 | 2,242 | 1,306,661 | 83,133 | 1,942 | 725 | 36 | (53) | 100 | 125 | 3,500,300 |

TABLE 2A (continued) .

| YEAR | HOME CHARGES | COMMUN-ICANT MEMBERS | NEW MEMBERS | PARISH MINISTERS | MINIMUM STIPEND | CHAPLAINS TO A.M. FORCES | COLONIAL & CONTINENTAL NON-PAROCHIAL | UNATTACHED | SCOTTISH POPULATION OVER 20 YEARS |
|------|--------------|----------------------|-------------|------------------|-----------------|--------------------------|--------------------------------------|------------|-----------------------------------|
| 1960 | 2,134 | 1,308,816 | 79,913 | 1,959 | 750 | 33 | (49) | 98 133 | 3,502,100 |
| 1961 | 2,093 | 1,292,617 | 78,497 | 1,928 | 800 | 38 | (51) | 100 132 | " |
| 1962 | 2,069 | 1,281,559 | 77,327 | 1,927 | 870 | 37 | (24) | . 130 | 3,474,252 |
| 1963 | 2,031 | 1,268,887 | 75,349 | 1,890 | 900 | 35 | 114 | . . | 3,459,332 |
| 1964 | 2,027 | 1,259,162 | 76,772 | 1,888 | 925 | 36 | 99 | . . | 3,454,244 |
| 1965 | 2,016 | 1,247,972 | 74,802 | 1,885 | 950 | 36 | 108 | 110 150 | 3,439,500 |
| 1966 | 1,994 | 1,233,808 | 70,447 | 1,859 | 1,000 | 34 | 107 | 121 156 | 3,421,224 |
| 1967 | 1,969 | 1,220,023 | 67,612 | 1,814 | 1,050 | 31 | 100 | 125 155 | 3,432,027 |
| 1968 | 1,927 | 1,201,833 | 64,102 | 1,827 | 1,100 | 32 | 93 | 125 164 | 3,437,496 |
| 1969 | 1,919 | 1,178,334 | 62,045 | 1,789 | 1,150 | 30 | 96 | . . | |

TABLE 2B. SCOTTISH MALE LIFE EXPECTATION BY AGE , 1861 - 1968 .

| YEAR | AT BIRTH | ONE YEAR | 15 YEARS | 45 YEARS | 65 YEARS |
|-----------|----------|----------|----------|----------|----------|
| 1861-1870 | 40.3 | 45.6 | 42.3 | 22.7 | . |
| 1891-1900 | 44.7 | 51.1 | 44.3 | 22.2 | 11.5 |
| 1920-1922 | 53.1 | 58.4 | 49.1 | 24.5 | 12.5 |
| 1930-1932 | 56.0 | 60.7 | 50.4 | 25.1 | 12.6 |
| 1942-1944 | 59.8 | 63.6 | 51.6 | 25.7 | 13.6 |
| 1950-1952 | 64.4 | 66.2 | 53.1 | 25.5 | 13.2 |
| 1953 | 65.7 | 67.0 | 53.8 | 26.2 | 14.1 |
| 1954 | 65.5 | 66.9 | 53.6 | 25.8 | 13.9 |
| 1955 | 65.8 | 67.0 | 53.7 | 25.9 | 13.7 |
| 1956 | 66.0 | 67.2 | 53.8 | 25.8 | 13.8 |
| 1957 | 66.0 | 67.2 | 53.9 | 25.8 | 14.1 |
| 1958 | 66.2 | 67.3 | 53.9 | 25.9 | 14.0 |
| 1959 | 66.0 | 67.2 | 53.8 | 25.7 | 13.9 |
| 1960 | 66.4 | 67.5 | 54.1 | 26.0 | 14.1 |
| 1961 | 66.1 | 67.1 | 53.7 | 25.7 | 14.0 |
| 1962 | 66.1 | 67.2 | 53.8 | 25.8 | 14.2 |
| 1963 | 65.8 | 66.7 | 53.4 | 25.3 | 14.2 |
| 1964 | 66.7 | 67.5 | 54.0 | 26.0 | 14.9 |
| 1965 | 66.5 | 67.3 | 53.9 | 25.8 | 14.7 |
| 1966 | 66.6 | 67.3 | 53.9 | 25.9 | 14.6 |
| 1967 | 67.36 | 68.36 | 54.54 | 26.5 | 15.3 |
| 1968 | 66.9 | . | 54.1 | 26.1 | 14.8 |

TABLE 2C. MORTALITY EXPERIENCE OF CHURCH OF SCOTLAND CLERGY :
TOTAL ACTUAL DEATHS BY AGE , 1920 - 1969 .

| YEAR | TOTAL DEATHS | High | Low | 25- | 35- | 45- | 55- | 65- | 75- | 85- | 65/69 | 70/74 | TOTAL -65 | % -65 | AVERAGE AGE DEATH | MALE LIFE EXPECT. |
|---------|--------------|------|-----|-----|-----|-----|-----|-----|-----|-----|-------|-------|-----------|-------|-------------------|-------------------|
| 1920-22 | 115 (106) | 100 | 29 | 2 | 3 | 7 | 26 | 34 | 24 | 10 | 18 | 7 | 38 | 35.84 | 68.15 | 53.1 |
| 1930 | 88 | 92 | 38 | - | 3 | 3 | 15 | 28 | 27 | 12 | 9 | 17 | 21 | 24.69 | 71.76 | 56.0 |
| 1931 | 107 | 99 | 33 | 1 | 2 | 4 | 15 | 40 | 36 | 9 | 14 | 26 | 22 | 20.0 | 70.79 | |
| 1932 | 95 (93) | 95 | 39 | - | 3 | 5 | 19 | 32 | 24 | 10 | 17 | 15 | 27 | 29.03 | 69.06 | |
| 1938-39 | 89 | 92 | 33 | 1 | - | 5 | 14 | 32 | 30 | 7 | 16 | 16 | 20 | 22.47 | 71.3 | - |
| 1942 | 95 | 91 | 28 | 1 | 3 | 2 | 11 | 29 | 38 | 11 | 13 | 16 | 17 | 17.89 | 72.37 | 59.8 |
| 1943 | 100 | 90 | 32 | 2 | 5 | 4 | 4 | 30 | 48 | 7 | 14 | 16 | 15 | 15.0 | 72.49 | |
| 1944 | 89 (86) | 93 | 28 | 5 | 5 | 3 | 8 | 21 | 33 | 11 | 8 | 13 | 21 | 24.41 | 68.38 | |
| 1946 | 99 (98) | 94 | 33 | 1 | 2 | 4 | 14 | 31 | 37 | 9 | 9 | 22 | 21 | 21.42 | 72.55 | - |
| 1947 | 92 | 92 | 34 | 2 | 3 | 5 | 9 | 31 | 29 | 13 | 10 | 18 | 19 | 21.58 | 71.40 | 61.7 |
| 1948 | 78 (77) | 96 | 34 | 1 | 2 | 3 | 18 | 15 | 29 | 9 | 4 | 11 | 24 | 31.57 | 71.38 | 63.8 |
| 1949 | 84 (79) | 85 | 31 | 1 | 4 | 4 | 8 | 24 | 36 | 2 | 7 | 17 | 17 | 20.07 | 70.49 | 64.0 |
| 1950 | 86 | 93 | 36 | - | 4 | 2 | 16 | 21 | 34 | 9 | 7 | 12 | 22 | 26.57 | 71.97 | 64.5 |
| 1951 | 89 (88) | 93 | 43 | - | 1 | 4 | 20 | 16 | 32 | 15 | 6 | 10 | 25 | 28.41 | 72.81 | 64.2 |
| 1952 | 84 (82) | 96 | 44 | - | 1 | 3 | 7 | 26 | 34 | 11 | 8 | 18 | 11 | 12.19 | 74.53 | 65.16 |
| 1953 | 81 (80) | 94 | 45 | - | - | 3 | 14 | 30 | 17 | 16 | 12 | 18 | 17 | 21.25 | 74.66 | 65.7 |

TABLE 2C (continued) . TOTAL ACTUAL DEATHS BY AGE , 1920 - 1969 .

| YEAR | TOTAL DEATHS | High | Low | 25- | 35- | 45- | 55- | 65- | 75- | 85- | 65/69 | 70/74 | TOTAL -65 | % -65 | AVERAGE AGE OF DEATH | MALE LIFE EXPECT ⁿ |
|------|--------------|------|-----|-----|-----|-----|-----|-----|-----|-----|-------|-------|-----------|-------|----------------------|-------------------------------|
| 1954 | 78 (76) | 92 | 33 | 1 | - | 8 | 10 | 25 | 23 | 9 | 13 | 12 | 19 | 25.0 | 73.21 | 65.5 |
| 1955 | 69 | 92 | 39 | - | 1 | 3 | 12 | 20 | 21 | 12 | 9 | 10 | 16 | 23.18 | 73.08 | 65.8 |
| 1956 | 79 (78) | 91 | 43 | - | 2 | 3 | 11 | 18 | 30 | 14 | 6 | 12 | 16 | 25.5 | 74.32 | 66.0 |
| 1957 | 78 (77) | 94 | 28 | 1 | - | 4 | 10 | 16 | 30 | 16 | 8 | 9 | 15 | 19.4 | 75.01 | 66.0 |
| 1958 | 77 | 100 | 43 | - | 2 | 4 | 8 | 26 | 24 | 13 | 13 | 13 | 14 | 18.05 | 75.0 | 66.2 |
| 1959 | 57 (56) | 98 | 25 | 1 | - | 5 | 10 | 11 | 19 | 11 | 5 | 6 | 16 | 28.0 | 72.7 | 66.0 |
| 1960 | 52 | 99 | 47 | - | - | 4 | 10 | 11 | 16 | 11 | 4 | 7 | 14 | 26.9 | 76.09 | 66.4 |
| 1961 | 73 | 98 | 47 | - | - | 6 | 5 | 16 | 31 | 15 | 7 | 9 | 11 | 15.06 | 75.97 | 66.1 |
| 1962 | 77 | 96 | 40 | - | 1 | 4 | 13 | 20 | 27 | 12 | 4 | 16 | 18 | 23.3 | 73.74 | 66.1 |
| 1963 | 63 | 94 | 40 | - | 1 | 2 | 9 | 17 | 23 | 11 | 5 | 12 | 12 | 19.04 | 74.52 | 65.8 |
| 1964 | 62 | 94 | 44 | - | 1 | 3 | 13 | 8 | 22 | 15 | 1 | 7 | 17 | 27.41 | 74.20 | 66.7 |
| 1965 | 57 (56) | 96 | 45 | - | - | 6 | 8 | 14 | 17 | 11 | 8 | 6 | 14 | 25.0 | 72.41 | 66.5 |
| 1966 | 61 | 92 | 27 | 1 | - | 1 | 12 | 14 | 24 | 9 | 6 | 8 | 14 | 22.9 | 73.42 | 66.6 |
| 1967 | 61 | 94 | 46 | - | - | 5 | 18 | 10 | 21 | 7 | 7 | 3 | 23 | 37.7 | 71.31 | 67.36 |
| 1968 | 57 (56) | 92 | 47 | - | - | 6 | 13 | 8 | 23 | 6 | 3 | 5 | 19 | 33.92 | 71.42 | 66.9 |
| 1969 | 46 | 93 | 53 | - | - | 1 | 14 | 10 | 16 | 5 | 2 | 8 | 15 | 32.60 | 71.65 | - |

TABLE 2D. MORTALITY EXPERIENCE OF CHURCH OF SCOTLAND CLERGY ;
 PROPORTION OF DEATHS OCCURRING IN AGE GROUPS EXPRESSED
 AS A PERCENTAGE OF TOTAL DEATHS , 1950 - 1969 .

| YEAR | TOTAL DECEASED | 25- | 35- | 45- | 55- | 65- | 75- | 85- | TOTAL UNDER 65 |
|------|-------------------|------|------|-------|-------|-------|-------|-------|----------------------|
| 1950 | 86 | - | 4.65 | 2.32 | 18.6 | 24.41 | 39.53 | 10.34 | 26.78 |
| 1951 | 88 | - | 1.14 | 4.54 | 2.27 | 18.18 | 36.36 | 17.04 | 28.41 |
| 1952 | 82 | - | 1.21 | 2.43 | 8.53 | 31.70 | 41.46 | 13.41 | 12.19 |
| 1953 | 80 | - | - | 3.75 | 17.50 | 37.50 | 21.25 | 20.0 | 21.25 |
| 1954 | 79 | 1.26 | - | 10.12 | 15.18 | 31.64 | 30.47 | 11.39 | 26.58 |
| 1955 | 67 | - | 1.49 | 4.47 | 17.91 | 28.35 | 28.35 | 17.91 | 23.87 |
| 1956 | 79 | - | 2.56 | 3.84 | 14.10 | 23.07 | 37.18 | 17.95 | 20.51 |
| 1957 | 78 | 1.29 | - | 5.19 | 12.98 | 20.78 | 38.96 | 20.78 | 19.48 |
| 1958 | 77 | - | 2.59 | 5.19 | 10.39 | 32.46 | 31.16 | 16.88 | 18.18 |
| 1959 | 57 | 1.75 | - | 8.77 | 17.54 | 19.79 | 33.33 | 19.39 | 20.07 |
| 1960 | 52 | - | - | 7.69 | 19.23 | 21.15 | 30.76 | 21.15 | 26.92 |
| 1961 | 73 | - | - | 8.22 | 8.22 | 21.91 | 38.35 | 23.28 | 16.43 |
| 1962 | 77 | - | 1.29 | 5.19 | 16.88 | 25.97 | 35.06 | 15.58 | 23.37 |
| 1963 | 63 | - | 1.61 | 3.22 | 14.59 | 27.41 | 35.48 | 17.74 | 17.74 |
| 1964 | 61 | - | 1.63 | 3.27 | 21.31 | 13.11 | 34.42 | 26.22 | 26.22 |
| 1965 | 57 | - | - | 10.71 | 14.28 | 25.0 | 30.35 | 19.64 | 25.0 |
| 1966 | 61 | 1.63 | - | 1.63 | 19.67 | 22.95 | 39.34 | 14.75 | 22.95 |
| 1967 | 61 | - | - | 8.19 | 29.50 | 16.39 | 32.78 | 13.11 | 37.7 |
| 1968 | 57 | - | - | 10.71 | 23.21 | 14.28 | 41.09 | 10.71 | 33.92 |
| 1969 | 46 | - | - | 2.17 | 30.43 | 21.73 | 34.78 | 10.86 | 32.6 |

TABLE 2E . MORTALITY EXPERIENCE OF ROMAN CATHOLIC SECULAR CLERGY (SCOTLAND) , 1930 - 1965 .

| YEAR | TOTAL DECEASED | High | Low | AVERAGE AGE |
|------|----------------|------|-----|-------------|
| 1950 | 10 | 83 | 49 | 67.6 |
| 1951 | 11 | 79 | 48 | 66.6 |
| 1952 | 15 | 85 | 25 | 64.6 |
| 1953 | 10 | 89 | 34 | 65.4 |
| 1954 | 8 | 76 | 50 | 62.3 |
| 1955 | 21 | 86 | 52 | 65.8 |
| 1956 | 10 | 79 | 40 | 58.1 |
| 1957 | 10 | 80 | 30 | 56.4 |
| 1958 | 15 | 88 | 35 | 62.4 |
| 1959 | 20 | 87 | 38 | 68.5 |
| 1960 | 10 | 83 | 41 | 60.8 |
| 1961 | 13 | 83 | 41 | 62.9 |
| 1962 | 13 | 86 | 27 | 60.08 |
| 1963 | 20 | 92 | 39 | 69.5 |
| 1964 | 14 | 84 | 34 | 66.8 |
| 1965 | 17 | 83 | 39 | 62.1 |
| 1966 | . | . | . | . |
| . | . | . | . | . |
| . | . | . | . | . |

| YEAR | TOTAL DECEASED | High | Low | AVERAGE AGE |
|------|----------------|------|-----|-------------|
| 1930 | 9 | 79 | 30 | 57.8 |
| 1931 | 11 | 82 | 47 | 66.4 |
| 1932 | 18 | 85 | 29 | 68.9 |
| 1933 | 7 | 89 | 31 | 66.7 |
| 1934 | 5 | 72 | 54 | 66.0 |
| 1935 | 7 | 85 | 43 | 66.4 |
| 1936 | 17 | 82 | 33 | 61.2 |
| 1937 | 19 | 81 | 41 | 64.5 |
| 1938 | 12 | 89 | 33 | 68.7 |
| 1939 | 12 | 90 | 29 | 63.6 |
| 1940 | 10 | 82 | 39 | 64.0 |
| 1941 | 15 | 83 | 41 | 64.6 |
| 1942 | 8 | 81 | 63 | 70.7 |
| 1943 | 12 | 90 | 40 | 68.4 |
| 1944 | 6 | 85 | 49 | 62.0 |
| 1945 | 12 | 80 | 36 | 65.0 |
| 1946 | 10 | 92 | 40 | 72.2 |
| 1947 | 15 | 79 | 54 | 68.3 |
| 1948 | 17 | 93 | 41 | 72.1 |
| 1949 | 9 | 92 | 29 | 68.1 |

TABLE 2F . COMPARATIVE MORTALITY RATIOS FOR SELECTED
OCCUPATIONAL ORDERS AND GROUPS COMPARED WITH THAT
OF THE SCOTTISH MALE POPULATION , 1930 - 1932 .

(Registrar General for Scotland (1936), op.cit.,
derived from Table R , p.lxxiv .)

| OCCUPATION | CENSUS (1931) POPULATION 14 AND OVER | ALL AGES 14 AND OVER | DEATH RATE PER 100,000 | | | | |
|---------------------------------|--|-------------------------|------------------------|-------|-------|-------|-------|
| | | | 25-64 | 14-24 | 25-44 | 45-64 | 65 - |
| ALL MALES | 1 708 280 | 1 485 | 1033 | 289 | 510 | 1741 | 8 389 |
| | | | COMPARATIVE MORTALITY | | | | |
| | | 100 | 100 | 100 | 100 | 100 | 100 |
| COMMERCIAL ORDER | 158 336 | 96.9 | 98.4 | 76 | 94 | 100 | 98 |
| Proprietors and Managers | 47 602 | 106.7 | 106.9 | - | 111 | 106 | 106 |
| Salesmen and Shopassistants | 55 154 | 82.2 | 96.0 | 63 | 98 | 94 | 74 |
| Commercial Travellers | 16 264 | 95.5 | 93.7 | 114 | 80 | 100 | 97 |
| Insurance Brokers and Agents | 6 100 | 90.2 | 83.3 | - | 79 | 85 | 95 |
| PROFESSIONAL ORDER | 49 162 | 92.9 | 93.5 | 44 | 76 | 100 | 96 |
| Ministers, Clergymen etc. | 4 922 | 95.9 | 85.4 | - | 62 | 90 | 101 |
| Judges and Solicitors | 3 467 | 103.5 | 114.3 | - | 41 | 128 | 104 |
| Physicians and Surgeons | 3 886 | 103.7 | 99.8 | - | 88 | 105 | 108 |
| Teachers | 11 365 | 82.6 | 80.2 | - | 68 | 85 | 86 |

CODE
No.
(1929
Rev.)

XXIII.

670-
689

700-
719

692

735

XXV

767-
772

781

790

800-
801

TABLE 2G. DEATHS OF MALES (14 years & over) FOR SELECTED OCCUPATIONS AND SHOWING CAUSE OF DEATH, 1930-1932.

| PRINCIPAL CAUSES | ALL MALES 14 YEARS AND OVER | XXIII COMMERCIAL | | | | | XXV PROFESSIONAL | | | | |
|--|-----------------------------|------------------|------------------------|-----------------------|-------------------|------------------|------------------|--------------------------|----------------------|------------------------|----------|
| | | ORDER | PROPRIETORS & MANAGERS | COMMERCIAL TRAVELLERS | COMPANY DIRECTORS | INSURANCE AGENTS | ORDER | MINISTERS * CLERGYMEN | JUDGES SOLICITORS | PHYSICIANS SURGEONS | TEACHERS |
| INFLUENZA | 1490 | 135 | 64 | 13 | - | 7 | 57 | 11 | 10 | 6 | 13 |
| T.B - RESPIRATORY | 4537 | 381 | 129 | 41 | - | 8 | 90 | 4 | 3 | 8 | 25 |
| T.B - OTHER | 794 | 57 | 16 | 6 | 1 | 4 | 17 | 2 | 1 | 2 | 3 |
| CANCER, MALIGNANT DISEASE | 9834 | 816 | 411 | 99 | 4 | 40 | 315 | 49 | 50 | 27 | 73 |
| DIABETES MELLITUS | 681 | 80 | 44 | 11 | 1 | - | 31 | 10 | 5 | 4 | 6 |
| CEREBRAL HAEMORRHAGE | 9061 | 860 | 480 | 91 | 8 | 35 | 324 | 65 | 41 | 28 | 77 |
| OTHER DISORDERS OF THE NERVOUS SYSTEM | 2124 | 156 | 68 | 20 | - | 4 | 61 | 4 | 6 | 9 | 15 |
| HEART DISEASE | 13514 | 1252 | 671 | 111 | 8 | 45 | 525 | 115 | 69 | 56 | 100 |
| OTHER CIRCULATORY DISEASES | 2332 | 182 | 106 | 17 | 1 | 11 | 90 | 19 | 11 | 12 | 22 |
| BRONCHITIS | 4587 | 289 | 141 | 32 | 1 | 15 | 75 | 13 | 13 | 2 | 13 |
| PNEUMONIA | 5074 | 473 | 216 | 47 | 7 | 24 | 145 | 15 | 12 | 18 | 34 |
| OTHER RESPIRATORY DISEASES | 1159 | 98 | 51 | 10 | 2 | 4 | 48 | 10 | 4 | 3 | 11 |
| GASTRIC AND DUODENAL ULCERS | 1351 | 114 | 53 | 15 | 1 | 1 | 42 | 5 | 6 | 3 | 9 |
| APPENDICITIS | 622 | 67 | 27 | 4 | - | 2 | 30 | 5 | 5 | 2 | 4 |
| CIRRHOSIS OF THE LIVER | 306 | 52 | 22 | 10 | 1 | 3 | 8 | - | 2 | - | 1 |
| OTHER DIGESTIVE DISEASES | 1084 | 97 | 48 | 11 | 3 | 2 | 44 | 8 | 7 | 7 | 8 |
| CHRONIC NEPHRITIS | 2678 | 265 | 136 | 25 | 6 | 16 | 107 | 22 | 11 | 11 | 20 |
| OTHER GENITO- URINARY DISEASES | 1802 | 177 | 101 | 13 | 1 | 11 | 67 | 10 | 5 | 8 | 19 |
| DISEASES OF THE SKIN / LOCOMOTOR S. | 492 | 25 | 13 | 5 | - | - | 11 | 2 | 1 | 3 | 1 |
| OLD AGE | 3231 | 222 | 130 | 21 | 1 | 12 | 65 | 19 | 5 | 3 | 17 |
| SUICIDE | 1047 | 132 | 64 | 13 | 1 | 8 | 28 | 2 | 5 | 4 | 5 |
| OTHER VIOLENCE | 3738 | 280 | 116 | 29 | 3 | 13 | 79 | 8 | 8 | 4 | 18 |
| TOTAL | 76125 | 6627 | 3302 | 696 | 54 | 272 | 2418 | 420 | 292 | 235 | 535 |
| CENSUS POPULATION 14 & OVER 1931 | 1708280 | 158336 | 47602 | 16264 (?) | | 6100 | 49162 | 4922 | 3467 | 3886 | 11365 |

TABLE 2H . COMPARATIVE MORTALITY RATIOS FOR SELECTED
OCCUPATIONAL ORDERS AND GROUPS COMPARED WITH THAT
OF THE SCOTTISH MALE POPULATION , 1949 - 1953 .

(Reg. Gen. for Scotland (1955) op.cit., derived
from Table DD , p.116 ff.)

| OCCUPATION | CENSUS (1951) POPULATION 15 AND OVER | DEATH RATE PER 100,000 | | | | | |
|----------------------------------|--|-------------------------|-------|-------|-------|-------|------|
| | | ALL AGES 15 AND OVER | 20-64 | 15-19 | 20-45 | 45-64 | 65- |
| ALL MALES | 1 795 273 | 1625 | 774 | 120 | 259 | 1642 | 8406 |
| ADMINISTRATORS DIRECTORS etc. | 32 737 | 112.5 | 88.6 | - | 73 | 91 | 130 |
| COMMERCIAL ORDER | | | | | | | |
| Proprietors and Managers | 141 396 | 114.2 | 105.2 | 104 | 88 | 110 | 120 |
| Commercial Travellers | 53 067 | 124.0 | 113.4 | (146) | 100 | 116 | 129 |
| Salesmen and Shopassistants | 16 979 | 109.5 | 97.9 | - | 74 | 104 | 118 |
| Insurance Agents and Brokers | 47 316 | 90.5 | 91.5 | 104 | 84 | 95 | 89 |
| PROFESSIONAL ORDER | 6 560 | 95.5 | 90.7 | - | 84 | 93 | 99 |
| Ministers, Clergymen etc. | 80 206 | 96.2 | 88.0 | (51) | 80 | 91 | 102 |
| Judges and Solicitors | 5 667 | 88.3 | 68.7 | - | 56 | 71 | 96 |
| Physicians and Surgeons | 4 033 | 104.2 | 102.5 | - | 90 | 106 | 105 |
| Teachers | 7 318 | 111.8 | 111.7 | - | 88 | 118 | 112 |
| Professional Engineers | 16 043 | 80.7 | 64.2 | - | 58 | 66 | 92 |
| Scientists | 13 035 | 103.3 | 99.1 | (121) | 91 | 102 | 106 |
| | 6 720 | 84.9 | 82.6 | (55) | 85 | 81 | 91 |

XVI.

XVIII.

XIX

698

TABLE 2J. DEATHS OF MALES (15 years & over) FOR SELECTED OCCUPATIONS AND SHOWING CAUSE OF DEATH, 1949-1953.

| PRINCIPAL CAUSES | ALL MALES 15 YEARS AND OVER | COMMERCIAL | | | | | PROFESSIONAL | | | | |
|-------------------------------------|-----------------------------|--------------|------------------------|-----------------------|-------------------|------------------|--------------|-----------------------|-------------------|---------------------|-------------|
| | | ORDER | PROPRIETORS & MANAGERS | COMMERCIAL TRAVELLERS | COMPANY DIRECTORS | INSURANCE AGENTS | ORDER | * MINISTERS CLERGYMEN | JUDGES SOLICITORS | PHYSICIANS SURGEONS | TEACHERS |
| TB - RESPIRATORY | 5464 | 414 | 36 | 52 | 23 | 23 | 158 | 6 | 5 | 18 | 15 |
| TB - OTHER | 382 | 30 | 2 | 1 | 2 | 3 | 13 | - | - | 1 | 2 |
| MALIGNANT NEOPLASMS | 25069 | 2234 | 242 | 297 | 192 | 69 | 929 | 79 | 82 | 105 | 157 |
| DIABETES | 737 | 100 | 7 | 7 | 8 | 7 | 46 | 6 | 3 | 4 | 12 |
| ANAEMIAS | 529 | 48 | 8 | 6 | 2 | 6 | 23 | 1 | 1 | 3 | 5 |
| VASCULAR LESIONS AFFECTING THE CNS. | 18451 | 1857 | 221 | 192 | 171 | 69 | 827 | 101 | 87 | 83 | 154 |
| HEART DISEASES | 50756 | 5339 | 647 | 598 | 553 | 208 | 2288 | 283 | 210 | 267 | 434 |
| CORONARY THROMBOSIS | 22817 | 2700 | 349 | 320 | 326 | 120 | 1248 | 140 | 112 | 163 | 232 |
| MYOCARDIAL REGENERATION | 20582 | 1943 | 224 | 199 | 181 | 629 | 759 | 111 | 77 | 82 | 144 |
| HYPERTENSION WITHOUT H/D. | 1734 | 150 | 14 | 16 | 19 | 9 | 64 | 8 | 9 | 7 | 9 |
| ARTERIOSCLEROSIS | 2239 | 202 | 28 | 16 | 12 | 15 | 83 | 6 | 15 | 12 | 14 |
| INFLUENZA | 994 | 87 | 13 | 3 | 9 | 5 | 43 | 3 | 2 | 4 | 10 |
| PNEUMONIA | 3946 | 336 | 40 | 24 | 35 | 15 | 119 | 12 | 12 | 10 | 15 |
| BRONCHITIS | 6389 | 492 | 55 | 71 | 20 | 20 | 131 | 13 | 18 | 13 | 28 |
| GASTRIC ULCER | 988 | 97 | 13 | 11 | 10 | 5 | 40 | - | 1 | 4 | 8 |
| DUODENAL ULCER | 1395 | 156 | 20 | 12 | 15 | 3 | 55 | 4 | 8 | 7 | 10 |
| DISEASES OF THE LIVER | 941 | 132 | 17 | 18 | 17 | 2 | 38 | 3 | 3 | 2 | 4 |
| NEPHRITIS AND NEPHROSIS | 1449 | 167 | 22 | 19 | 12 | 10 | 53 | 3 | 4 | 7 | 7 |
| HYPERPLASIA OF THE PROSTATE | 2299 | 253 | 27 | 24 | 27 | 17 | 87 | 12 | 10 | 9 | 23 |
| SENILITY | 2192 | 147 | 16 | 12 | 13 | 5 | 55 | 13 | 1 | 3 | 8 |
| SUICIDE | 914 | 111 | 14 | 14 | 10 | 2 | 49 | 1 | 5 | 9 | 5 |
| ACCIDENTS - HOME | 1457 | 139 | 12 | 26 | 12 | 5 | 52 | 2 | 1 | 4 | 5 |
| - ROAD | 1448 | 112 | 14 | 10 | 9 | 6 | 69 | 6 | 4 | 15 | 13 |
| OTHER VIOLENCE | 2744 | 117 | 15 | 8 | 7 | 2 | 61 | 1 | 4 | 6 | 10 |
| TOTAL | 145910 | 13876 | 1618 | 1560 | 1282 | 558 | 5759 | 606 | 526 | 654 | 1029 |
| CENSUS POPULATION 15 AND OVER, 1951 | 1795273 | 141396 | 53067 | 16979 | (?) | 6560 | 80206 | 5667 | 4033 | 7318 | 16043 |

Derived from Reg.Gen. for Scotland (1955)op.cit., Table AA, p.82ff.

BIBLIOGRAPHY

BIBLIOGRAPHY

- A'BROOK, M.F., HAILSTONE, J.D., and McLAUCHLAN, I.E.J. (1967), "Psychiatric illness in the medical profession", *The British Journal of Psychiatry*, 1967, 113.
- (1969), "Psychiatric illness in the clergy", *The British Journal of Psychiatry*, 1969, 115.
- AINSLIE, J.L., *The Doctrine of Ministerial Order in the Reformed Churches of the Sixteenth and Seventeenth Centuries* (T. & T. Clark, 1940).
- ALBERTS, W.E., "Who ministers to the minister?", *Christian Advocate*, 1965, IX, 15.
- ALLERS, R., *Existentialism and Psychiatry* (C.C. Thomas, 1961).
- ALLPORT, G.W. (1951), *The Individual and His Religion* (Constable, 1961).
- (1955), *Becoming* (Yale Uni. Press, 1966).
- (1961), *Pattern and Growth in Personality* (Holt, Rinehart and Winston, 1961).
- ANDERSON, B., "Central Area Study" (unpublished mss presented to the Church and Ministry Dept. of the Church of Scotland; courtesy of Rev. K. Greenlaw, department secretary).
- ANDERSON, G., *The Scottish Pastor* (Blackwoods, 1911).
- ANDERSON, G.C., "Emotional health of the clergy", *Christian Century*, 1953, 70.
- ARGYLE, M. (1959), *Religious Behaviour* (Routledge & Kegan Paul, 1961).
- (1967), *The Psychology of Interpersonal Behaviour* (Pelican, 1967).
- ASHBROOK, J.B. and GUTHRIE, H., "When ministers face themselves", *The Pulpit*, 1960, 31.
- BALINT, M., *The Doctor, His Patient and the Illness* (Pitman, 1968).
- BARBOUR, I.G., *Issues in Science and Religion* (S.C.M. Press, 1966).
- BARRY, F.R., *Vocation and Ministry* (Nisbet, 1958).
- BENJAMIN, B., *Elements of Vital Statistics* (Allen & Unwin, 1959).
- BERDYAEV, N. (1937), *The Destiny of Man* (Geoffrey Bles, 1959).
- BIER, W.C., "A comparative study of a seminary group and four other groups on the MMPI", *Studies in Psychology and Psychiatry*, Catholic Uni. of America, 1948, 7 (11).
- BLAIN, D., "Fostering the mental health of ministers", *Pastoral Psychology*, 1958, 9 (84).
- BLIZZARD, S.W. (1956. a), "Role conflicts of the urban minister", *The City Church*, 1956, 7, 4.
- (1956. b), "The minister's dilemma", *Christian Century*, 1956, 73.
- (1958. a), "The Protestant parish minister's integrating roles", *Religious Education*, 1958, 53.
- (1958. b), "The parish minister's self-image of his master role", *Pastoral Psychology*, 1958, 9, 89.

- (1959), "The parish minister's self-image and variability in community culture", *Pastoral Psychology*, 1959, 10, 97.
- BOOTH, G. (1958), "Unconscious motivation in the choice of the ministry", *Pastoral Psychology*, 1958, 9, 89.
- (1963), "Tests and therapy applied to the clergy", *Journal of Religion and Health*, 1963, 2, 4.
- BORDIN, E.S., *Psychological Counseling* (Appleton-Century-Crofts, 1955).
- BOWERS, M.K. (1963. a), *Conflicts of the Clergy* (Nelson, 1963).
- (1963. b), "Psychotherapy of religious personnel; some observations and recommendations", *The Journal of Pastoral Care*, 1963, 17.
- BOWES, N.T., *Professional Evaluation of Religious Aspirants* (Derby: St. Paul Publications, 1963).
- BROWN, D.G. and LOWE, W.L., "Religious beliefs and personality characteristics of College students"; *Journal of Social Psychology*, 1951, 33.
- BROWN, N.O., *Life Against Death* (Vintage Books, 1959).
- BROWN, W.A., *The Minister: His World and His Work* (T. & T. Clark, 1937).
- BUBER, M. (1937), *I and Thou* (T. & T. Clark, 1959).
- (1947), *Between Man and Man* (Fontana, 1966).
- BULTMANN, D.R., *Theology of the New Testament, Vol. I* (S.C.M. Press, 1952).
- BUSIA, K.A., *Urban Churches in Britain* (Lutterworth, 1966).
- CALVIN, J., *The Institutes of the Christian Religion* (S.C.M. Press, 1959).
- CAMPBELL, A.V., "The influence of counsellor variables on methods of pastoral counselling", Ph.D., San Francisco Theological Seminary, 1967.
- CARRIER, B., "Counselling pre-ministerial students", *Pastoral Psychology*, 1951, 2, 18.
- CARRINGTON, W., *Psychology, Religion and Human Need* (Epworth Press, 1957).
- CARUSO, I.A. (1952), *Existentialist Psychology* (Darton, Longman & Todd, 1964).
- The CATHOLIC DIRECTORY (Burns, Glasgow, 1966).
- CHARDIN, P.T. de (1955), *The Phenomenon of Man* (Collins, 1959).
- CHRISTENSEN, C.W. (1959), "The occurrence of mental illness in the ministry: introduction", *Journal of Pastoral Care*, 1959, 13.
- (1960), "The occurrence of mental illness in the ministry: family origins", *Journal of Pastoral Care*, 1960, 14.
- (1961), "The occurrence of mental illness in the ministry: Psychotic disorders", *Journal of Pastoral Care*, 1961, 15.

- (1963. a), "The occurrence of mental illness in the ministry: psychoneurotic disorders", *Journal of Pastoral Care*, 1963, 17.
- (1963. b), "The occurrence of mental illness in the ministry: personality disorders", *Journal of Pastoral Care*, 1963, 17.

The CHURCH OF SCOTLAND:

- (i) The Book of Common Order of the Church of Scotland (1940 revision: Oxford Uni. Press, 1955).
- (ii) The Church of Scotland Year Book, 1930-1970 (inclusive).
- (iii) Compendium of the Laws of the Church of Scotland (second edition, 1937).
- (iv) Life and Work, 1930-1969 (inclusive).
- (v) Practice and Procedure in the Church of Scotland (ed. J.T. Cox, Fifth Edition, ed. J.B. Longmuir, 1964).
- (vi) Reports to the General Assembly of the Church of Scotland, 1930-1970 (inclusive).
- (vii) Spiritual Healing. The Report of the Church of Scotland Commission (The St. Andrew Press, 1958).

CLINEBELL, H.J., *Mental Health Through Christian Community* (Abingdon Press, 1965).

COCKRUM, L.V., "Personality traits and interests of theological students", *Religious Education*, 1952, 47.

COX, P.R., *Demography* (Cambridge Uni. Press, 1950).

COXON, A.P.M., "Interim report to theological college principals and students on the November 1962 Sociological questionnaire, administered to 30% random sample of Anglican ordinands at Church of England theological and pretheological colleges" (mimeographed paper, Leeds, England).

CREW, F.A.E. (1950), *Health: Its Nature and Conservation* (Pergamon Press).

DEARMER, P., *Body and Soul: An Inquiry into the Effects of Religion Upon Health* (Pitman, 1912).

DENNISON, A.D., "Physician to pastor: golf isn't enough", *The Christian and Christianity Today Magazine*, Jan. 24, 1969.

DENTON, G.W., "Role attitudes of the minister's wife", *Pastoral Psychology*, 1961, 12, 119.

DUBOS, R. (du Bois), *Mirage of Health* (Allen & Unwin, 1960).

DUBOS, R. and PINES, M., *Health and Disease* (Time-Life International, 1966).

DODSON, F.J., "Personality factors in the choice of the Protestant ministry as a vocation", Ph.D., Uni. of Southern California, 1957).

DONALDSON, G., *The Scottish Reformation* (Cambridge Uni. Press, 1960).

DOUGLAS, W., "Ministers' wives: problems and resources", *Christian Advocate*, 1965, IX, 22.

DUBLIN, L.I., LOTKA, A.J., and SPIEGELMAN, M., *Length of Life* (New York, 1949).

- DUNBAR, F., *Psychosomatic Diagnosis* (Hoeber, 1948).
- DUNSTAN, G.R., "The sacred ministry as a learned profession", *Theology*, 1967, LXX, 568.
- DYKES, J.O., *The Christian Minister and His Duties* (T. & T. Clark, 1908).
- ERIKSON, E. (1950), *Childhood and Society* (Pelican Books, 1966).
- (1968), *Identity* (Faber & Faber, 1968).
- EVANS, E., *Pastoral Care in a Changing World* (Epworth Press, 1960).

The FASTI:

- SCOTT, H. (ed.), *Fasti Ecclesiae Scoticae*, Vols. I-VII (Oliver and Boyd).
- *Fasti Ecclesiae Scoticae*, Vol. VIII 1924-29 (Oliver & Boyd, 1950).
- LAMB, J.A. (ed.), *Fasti Ecclesiae Scoticae*, Vol. IX, 1929-54 (Oliver & Boyd, 1961).
- *The Fasti of the United Free Church of Scotland, 1900-1929* (Oliver & Boyd, 1956).
- FALK, L.L., "The minister's response to role conflict", *Discourse*, 1963, 6.
- FECHER, C.J. (1960), "Mortality and morbidity studies of religious", *Linacre Quarterly*, November 1960.
- (1964), "Health of the religious clergy", *Review for Religious*, 1964, Vol. 23.
- FELDMAN, M.J., "Queries on existential psychotherapy", *International Journal of Social Psychology*, Vol. IX, 2, 1963.
- FOISSAC, P., *La Longevite Humains* (Bailliere, Paris, 1873).
- FRANKL, V. (1959), *Man's Search for Meaning* (Hodder & Stoughton, 1964).
- FREUD, S. (1919), *Totem and Taboo* (Penguin Books, 1938).
- (1928. a), *The Future of an Illusion* (Hogarth, 1928).
- (1928. b), *The Problem of Lay Analysis* (Brentanos, 1928).
- (1930), *Civilization and Its Discontents* (Hogarth, 1930).
- (1933), *New Introductory Lectures on Psychoanalysis* (Hogarth, 1933).
- (1939), *Moses and Monotheism* (Hogarth, 1939).
- FROMM, E. (1951), *Psychoanalysis and Religion* (Gollancz, 1951).
- (1963), *Fear of Freedom* (Routledge, 1963).
- (1964), *The Art of Loving* (Unwin, 1964).
- FROMM-REICHMANN, F. (1950), *The Principles of Intensive Psychotherapy* (Phoenix, 1961).
- FROMM-REICHMANN, F. and MORENO, J.L., *Progress in Psychotherapy* (Grune & Stratton, 1956).

- GILLIE, R.C., *The Minister in the Modern World* (A. & C. Black, 1923).
- GODDARD, S.A., "The creative side of a perplexed profession", *Presbyterian Life (Australia)*, November 1968.
- GONZALES, A., "A study on Mexican minor seminarians", M.A. Catholic Uni. of America, 1956.
- GORMAN, J.R., "Adjustment and interests of fourth year minor seminarians studying for the diocesan priesthood", M.A. Loyola Uni. (Chicago), 1961.
- GRESHAM, P.E., *Disciplines of High Calling* (The St. Andrew Press, 1954).
- GUIRDHAM, A., *Christ and Freud* (Allen & Unwin, 1959).
- GUNTRIP, H., *Healing the Sick Mind* (Allen & Unwin, 1964).
- GUTHRIE, H., "Sartre's phenomenology for Christian theology", *Journal of Theology*, Jan. 1967.
- HAMBURG, D., "Review of recent publications on psychosomatic medicine", *Psychiatry*, 1955, 18.
- HAMILTON, D.G., "An exploratory study of religious experience and development", M.A. Glasgow Uni., 1967.
- HAMILTON, M., *Psychosomatics* (Chapman & Hall, 1955).
- HAMMARSKJOLD, D. (trans. by L. Sjöberg and W.H. Auden), *Markings* (Faber & Faber, 1964).
- HAMMOND, G.B., *Man in Estrangement: A Comparison of the Thought of P. Tillich and E. Fromm* (Vanderbilt Uni. Press, 1965).
- HAYS, P. (1964), *New Horizons in Psychiatry* (Pelican Books, 1967).
- HEIDEGGER, M., *Existence and Being* (Vision, 1949).
- HERBERG, W. (ed.), *Four Existentialist Theologians* (Doubleday, 1958).
- HIGHT, J., *The Churches in Scotland Today* (Jackson, 1950).
- HILTNER, S. (1957), "Healing", *Pastoral Psychology*, 1957, 8, 72.
- (1958), "Divorced ministers", *Pastoral Psychology*, 1958, 9, 87.
- HILTNER, S. and MENNINGER, K., *Constructive Aspects of Anxiety* (Abingdon Press, 1963).
- HOLLINGSHEAD, A.B. and REDLICH, F.C., *Social Class and Mental Illness* (New York, 1958).
- HOMANS, P., "Transference and transcendence: Freud and Tillich on the nature of personal relatedness", *The Journal of Religion*, No. 1, Jan. 1966.
- HOPPENHEIM, A., *Attitude Survey and Questionnaire Design* (Gollancz, 1966).
- HORNEY, K. (1942), *Self Analysis* (Routledge, 1962).
- (1945), *Our Inner Conflicts* (Norton, 1945).
- HUDSON, R.L., "The emotions of the minister", *Pastoral Psychology*, 1951, 2, 14.
- HULME, W.E., "Pastoral care of the pastor", *Pastoral Psychology*, 1963, 14, 136.

- JACOB, E. (1955), *Theology of the Old Testament* (Hodder & Stoughton, 1964).
- JAMES, William, *The Varieties of Religious Experience* (Longmans, Green and Co., 1903).
- JOHNSON, A.B., *Vitality of the Individual in the Thought of Ancient Israel* (Uni. of Wales Press, 1964).
- JOHNSONS, E.H., "Personality traits of workers in the field of religion", *Religious Education*, 1943, 38.
- JOHNSON, G.K. (1947), "Personality patterns peculiar to theological students", M.A. Uni. of North Dakota, 1947.
- (1952), "Psychological testing at the seminary", *Augustana Seminary Review*, 1952, 4, 2.
- JONES, Maxwell, *Social Psychiatry in Practice* (Pelican, 1968).
- JUNG, C.G. (1934), *Modern Man in Search of a Soul* (Kegan Paul, Trench & Trubner, 1934).
- (1938), *Psychology and Religion* (Yale Uni. Press, 1938).
- KARDINER, A., *The Individual and His Society* (New York, 1949).
- KARDINER, A. and PREBLE, E., *They Studied Man* (Secker & Warburg, 1961).
- KEGLEY, C.W. and BRETALL, R.W. (eds.), *The Theology of Paul Tillich* (Macmillan & Co., 1952).
- KELLEY, P., "Rorschach measures of affect-adjustment in candidates to the religious life", M.A. Catholic Uni. of America, 1951.
- KENNEDY, J., *The Minister's Vocation* (The St. Andrew Press, 1963).
- KIERKEGAARD, S., *Fear and Trembling and the Sickness Unto Death* (Doubleday, 1954).
- *Edifying Discourses* (Harper & Bros., 1958).
- KILDAHL, J.B., "The hazards of high calling", *Pastoral Psychology*, 1961, 12, 112.
- KIMBER, J.A.M., "Interests and personality traits of Bible Institute students", *The Journal of Social Psychology*, 1947, 26.
- KING, H. and BAILAR, J.C., "Mortality among Lutheran clergymen", *The Millbank Memorial Fund Quarterly*, Vol. XLVI, 4, Oct. 1968.
- KOEHLER, J.G., "The minister as a family man", *Pastoral Psychology*, 1960, 11, 106.
- KRETCH, D., CRUTCHFIELD, R.S., and BALLACHAY, E.L., *Individual and Society* (McGraw-Hill, 1962).
- KRUTCH, J.W., *The Measure of Man* (Bobbs-Merill, 1954).
- LAING, R.D. (1960), *The Divided Self* (Pelican Books, 1965).
- (1967), *The Politics of Experience and the Bird of Paradise* (Penguin Books, 1967).
- LAKE, F., *Clinical Theology* (Darton, Longman & Todd, 1966).
- LAMBOURNE, R.A. (1963. a), *Community, Church and Healing* (D.L.T., 1963).
- (1963. b), "What is healing?", *Frontier*, Spring 1963.

- (1966), "Personal encounter and the new morality", Breakthrough, 1966, No. 15.
- LAST, J.M., "Measurement of Community Health" (unpublished mss courtesy of the author, to be published in a forthcoming volume of R. Passmore and J.S. Robson (eds.), A Companion to Medical Studies (Blackwell)).
- LAURIER, B., "The relation between introversion-extroversion to vocational preference", M.A. Catholic Uni. of America, 1942.
- LEE, R.S. (1948), Freud and Christianity (Pelican, 1967).
- (1963), Your Growing Child and Religion (Pelican, 1965).
- LEIBRECHT, W. (ed.), Religion and Culture: Essays in Honour of Paul Tillich (London, 1959).
- LITTLEJOHN, J., Westrigg: The Sociology of a Cheviot Parish (London, 1963).
- McALLISTER, R.J. and VANDERVELDT, A., "Factors in mental illness among hospitalized clergy", Journal of Nervous and Mental Disease, 1961, 132.
- McCANN, R.V. (ed.), The Churches and Mental Health (Basic Books, 1962).
- McCARTHY, T.J., "Personality traits of seminarians", Studies in Psychology and Psychiatry, Catholic Uni. of America, 1942.
- McDONAGH, A.J., "A study of adjustments and interests of first year college seminarians for the diocesan priesthood", M.A. Loyola Uni. (Chicago), 1961.
- McDOUGALL, W., Body and Mind (Methuen, 1911).
- McKELWAY, A.J., The Systematic Theology of Paul Tillich (John Knox Press, 1964).
- MACKIE, J.D. (1964), A History of Scotland (Pelican, 1966).
- MACKIE, S., Patterns of Ministry (Collins, 1969).
- MACNAB, F.A. (1965), Estrangement and Relationship (Tavistock, 1965).
- (1967), "Growth in Interpersonal Relationships" (unpublished mss courtesy of the author, 1967).
- MACQUARRIE, J., Studies in Christian Existentialism (S.C.M., 1965).
- MANSON, T.W. (1948), The Church's Ministry (Hodder & Stoughton, 1948).
- (1959), Ministry and Priesthood: Christ's and Ours (Epworth, 1959).
- MARKS, R.U., "Factors involving social and demographic characteristics: a review of empirical findings", The Millbank Memorial Fund Quarterly, April 1967, Vol. XLV, 2.
- MARTIN, B., Paul Tillich's Doctrine of Man (Nisbet, 1966).
- MARTIN, D., A Sociology of English Religion (Heinemann, 1967).
- MAVES, P.B. (ed.), The Church and Mental Health (Scribners, 1953).
- MAY, R. (1939), The Art of Counseling (Abingdon, 1939).
- (1958) (ed.), Existence (Basic Books, 1958).

- (1961), *Existential Psychology* (Random House, 1961).
- MAY, M.A., *The Education of American Ministers Vol. III The Institutions That Train Ministers* (Institute of Social and Religious Research, 1934).
- MENG, H. and FREUD, E.L. (ed.), *Psychoanalysis and Faith: The Letters of Sigmund Freud and Oskar Pfister* (Hogarth, 1963).
- MENGES, R.J. and DITTES, J.E., *Psychological Studies of Clergymen* (Thomas Nelson & Sons, 1965).
- MEIBURG, A.L., and YOUNG, R.K., "The hospitalized minister", *Pastoral Psychology*, 1958, 9, 84.
- MENNINGER, K.A. (1936), *Man Against Himself* (Harcourt, Brace & World Inc., 1936).
- (1967), *The Vital Balance* (The Viking Press, 1967).
- METROPOLITAN LIFE INSURANCE CO. Ltd., New York, *Statistical Bulletin*, Jan. 1968, 49.
- MICHALSON, C., *Christianity and the Existentialists* (Scribner, 1956).
- MILLAR, W.M., "Mental health and spiritual wholeness", *Journal of Societal Issues*, 1964, Vol. 1, 1.
- MINISTRY OF LABOUR AND NATIONAL SERVICE, *The Length of Working Life of Males in Great Britain, 1955* (H.M.S.O., 1959).
- MINISTRY OF PENSIONS AND NATIONAL INSURANCE, *Report on an Enquiry into the Incidence of Incapacity for Work. Part II: Incidence of Incapacity for Work in Different Areas and Occupations* (H.M.S.O., 1965).
- MOORE, J., "Why young ministers are leaving the Church", *Harpers Magazine*, July 1957.
- MOORE, T.V., "Insanity of priests and religious: 1. The rate of insanity in priests and religious", *American Ecclesiastical Review*, 1936, 95.
- MORGAN, L., "Mental illness among the clergy: a survey of State mental hospitals in America", *Pastoral Psychology*, 1958, 9, 84.
- MORRIS, J.N., "Epidemiology and cardiovascular disease of middle age: Part I", *Modern Concepts of Cardiovascular Disease*, 1960, 29.
- MORRISON, S.L., "Occupational mortality in Scotland", *The British Journal of Industrial Medicine*, April 1957, 14, 2.
- MOWRER, O.H., *The Crisis in Psychiatry and Religion* (Van Nostrand, 1961).
- NEWCOMB, T.M., TURNER, R.H., and CONVERSE, P.E., *Social Psychology*, (Tavistock, 1966).
- NIEBUHR, H.R. (1952), *Christ and Culture* (Faber & Faber, 1952).
- (1956), *The Purpose of the Church and Its Ministry* (Harper Bros., 1956).
- NIEBUHR, Reinhold (1941/3), *The Nature and Destiny of Man Vols. I and II* (Nisbet, 1944).
- (1956), *The Self and the Dramas of History* (Faber & Faber, 1956).

- NISI, W.F., "A study of dependency as a dominant personality factor in ministerial students and its implications for theological education", M.A. Princeton Theological Seminary, 1962.
- OATES, W.E., (1955), *Religious Factors in Mental Illness* (Association Press, 1955).
- (1956), *Anxiety in Christian Experience* (Allen & Unwin, 1958).
- (1958. a), "The healthy minister", *Pastoral Psychology*, 1958, 9, 84.
- (1958. b), "The mental health of ministers" (editorial), *Pastoral Psychology*, 1958, 9, 84.
- (1961) (ed.), *The Minister's Own Mental Health* (Channell Press, 1961).
- OMAN, J. (1928), *The Office of Ministry* (S.C.M., 1928).
- (1936), *Concerning the Ministry* (S.C.M., 1936).
- OSTFELD, A.M., LEBOVITS, B.Z., SHEKELLE, R.B., and PAUL, O., "A prospective study of the relationship between personality and coronary heart disease", *Journal of Chronic Diseases*, 17 March 1964.
- PEARSON, H.E.S. and JOSEPH, J., "Stress and occlusive coronary-artery disease", *The Lancet*, Feb. 23, 1963, 1.
- PETERSON, B.H., "Religion and psychological medicine", *Journal of Societal Issues*, 1964, Vol. 1, 1.
- PROVAND, W.S., *Puritanism in the Scottish Church* (Alex. Gardner, 1923).
- QUETELET, A.J. (1835), *A Treatise on Man and the Development of his Faculties* (Edinburgh, 1842).
- ("Sur L'Homme et le Developpment de ses Facultes", Paris 1835).
- REGISTRAR GENERAL FOR ENGLAND AND WALES:
- (1938), *The Registrar General's Decennial Supplement England and Wales 1931: Part IIIa Occupational Mortality* (H.M.S.O., 1938).
- (1958), *The Registrar General's Decennial Supplement England and Wales 1951: Part II Occupational Mortality, Vol. 1 Commentary* (H.M.S.O., 1958).
- REGISTRAR GENERAL FOR SCOTLAND:
- (1936), *Supplement to the 78th Annual Report (1931) of the Registrar General For Scotland: Part II General Tables* (H.M.S.O., 1936).
- (1956), *Annual Report of the Registrar General for Scotland 1955, No. 101, Appendix IX: Occupational Mortality* (H.M.S.O., 1956).
- (1967), *Annual Report of the Registrar General for Scotland, 1966, No. 112* (H.M.S.O., 1967).
- (1968), *Annual Report of the Registrar General for Scotland, 1967, No. 113* (H.M.S.O., 1968).
- (1969), *Annual Report of the Registrar General for Scotland, 1968, No. 114* (H.M.S.O., 1969).
- REID, J.K.S., *The Biblical Doctrine of Ministry*, *Scottish Journal of Theology Occasional Papers No. 4*, 1955.

- ROBERTS, D.E., *Psychotherapy and a Christian View of Man* (Scribner 1950).
- ROBINSON, J.A.T., *The Body*. Studies in Biblical Theology No. 5 (S.C.M. Press, 1952).
- ROE, A., *The Psychology of Vocations* (John Wiley, 1956).
- ROGERS, C.R. (1942), *Counseling and Psychotherapy* (Houghton Mifflin Co., 1942).
- (1967), *On Becoming a Person* (Constable, 1967).
- ROUBICZEK, P., *Existentialism: For and Against* (Cambridge Uni. Press, 1964).
- RUSSEK, H.O., "Role of heredity, diet, and emotional stress in coronary heart disease", *Journal of the American Medical Association*, October 1959, 171.
- RUSSEK, H.I. and ZOHMAN, B.L., "Relative significance of heredity, diet and occupational stress in coronary heart disease in young adults", *American Journal of Medical Sciences*; 235, March 1959.
- RUSSEK, H.I. (1960), "Emotional stress and coronary heart disease in American physicians", *American Journal of Medical Sciences*, 240, December, 1960.
- (1962), "Emotional stress in coronary heart disease in American physicians, dentists, and lawyers", *American Journal of Medical Sciences*, 243, June 1962.
- (1965), "Stress, tobacco, and coronary disease in North American professional groups", *Journal of the American Medical Association*, 192, April 1965.
- SADLER, M.E., "A comparative personnel study of ministerial, medical and law students"; Ph.D. Yale Uni., 1929.
- SANDERS, B.G., *Christianity After Freud* (Geoffrey Bles, 1949).
- SARTRE, J.P. (1948), *Existentialism and Humanism* (Methuen, 1966).
- (1956), *Being and Nothingness* (Methuen, 1956).
- (1957), *The Transcendence of the Ego* (The Noonday Press, 1966).
- SCHARLEMANN, R.P., "Tillich's method of correlation: two proposed revisions", *The Journal of Theology*, No. 1, Jan. 1966.
- SCHUEERMAN, E.L., "Use of the Bernreuter Personality Inventory in a seminary programme of personality appraisal and guidance", *National Catholic Educational Association Bulletin*, 1958, 55, 93.
- SCHNEIDERS, A.A., "Religion and psychological health", *Journal of Societal Issues*, 1964, Vol. 1, 1.
- SCHROEDER, C.E., "Personality patterns of advanced Protestant theology students and physical science students", Ph.D. Michigan State Uni., 1956.
- SEMEONOFF, B. (ed.), *Personality Assessment* (Penguin Books, 1966).
- SHRADER, W., "Why ministers are breaking down", *Life*, Aug. 20, 1965.
- SIDNEY, E. and BROWN, M., *The Skills of Interviewing* (London, 1961).
- SMITH, J.L., *Growth* (Oliver and Boyd, 1932).

- SMITH, R. Gregor, *The New Man* (S.C.M., 1956).
- SMUTS, J.C., *Holism and Evolution* (Macmillan, 1926).
- SOUTHARD, S., "The mental health of ministers", *Pastoral Psychology*, 1958, 9, 84.
- STEWART, C.W., "What frustrates a minister", *Christian Advocate*, Jan. 1965, IX, 1.
- STEWART, I.M.G., "Coronary disease and modern stress", *The Lancet*, 1950, 2.
- STEVENSON, J.W., *God in My Unbelief* (Collins, 1960).
- STILL, W., "A charge to students", *T.S.F. Bulletin*, Spring 1964.
- STOCKS, P., "The measurement of morbidity", *Royal Society of Medicine*, Vol. 37, 10, 1949.
- STORR, A., *Integrity of the Personality* (Pelican Books, 1960).
- STRUNK, O. (ed.), *Readings in the Psychology of Religion* (Abingdon, 1959).
- SULLIVAN, H.S. (1954. a), *The Psychiatric Interview* (Tavistock, 1955).
- (1954. b), *The Interpersonal Theory of Psychiatry* (Tavistock, 1955).
- SWARD, K., "Temperament and religious experience", *The Journal of Social Psychology*, 1931, 2.
- SYMANOWSKI, H., *The Christian Witness in an Industrial Society* (Collins, 1966).
- SYME, S.L., HYMAN, M.M., and ENTERLINE, P.E. (1964), "Some social and cultural factors associated with the occurrence of coronary heart disease", *Journal of Chronic Diseases*, 1964, 17.
- (1965), "Cultural mobility and the occurrence of coronary heart disease", *Journal of Health and Human Behaviour*, 1965, 6.
- SZASZ, T.S., *The Myth of Mental Illness* (Secker & Warburg, 1962).
- THAYER, C.R., "The neurotic minister: a type study", *Church Management*, 1953, 29, 10.
- THIELICKE, H., *Nihilism* (Routledge & Kegan Paul, 1962).
- THOMAS, O.C., "Pressures on the seminarian", *Journal of Pastoral Care*, 1962, 16.
- THOMSON, R.H.T., *The Church's Understanding of Itself* (S.C.M. 1957).
- THOULESS, R.H., *An Introduction to the Psychology of Religion* (Cambridge Uni. Press, 1923).
- THURNEISEN, E., *Theology of Pastoral Care* (John Knox Press, 1962).
- TILLICH, P. (1949), *Shaking the Foundations* (Pelican Books, 1962).
- (1951), *Systematic Theology*, Vol. I (Nisbet, 1964).
- (1952), *The Courage to Be* (Fontana, 1962).
- (1957. a), *The Dynamics of Faith* (Allen & Unwin, 1957).
- (1957. b), "Faith and integration of the personality", *Pastoral Psychology*, 1957, 8, 72.
- (1959), *Theology and Culture* (Oxford, 1959).

- (1963), *Systematic Theology*, Vol. 3 (Nisbet, 1964).
- (1965), *Ultimate Concern* (S.C.M. Press, 1965).
- TORRANCE, T., *Royal Priesthood* (Oliver & Boyd, 1955).
- TOURNIER, P. (1954), *A Doctor's Casebook in the Light of the Bible*, (S.C.M., 1954).
- (1968), *A Place for You* (S.C.M., 1968).
- The UNITED PRESBYTERIAN CHURCH, U.S.A. (ed. R.C. Johnson), *The Church and Its Changing Ministry* (1961).
- VANDERVELDT, A.J. and McALLISTER, R.J., "Psychiatric illness in hospitalized clergy: alcoholism", *Quarterly Journal of Studies on Alcohol*, 1962, 23.
- VERNON, P.E., *Personality Assessment* (Methuen, 1964).
- VIDLER, A.R. (1941), *Secular Despair and Christian Faith* (S.C.M., 1941).
- (1961), *The Church in an Age of Revolution* (Penguin, 1961).
- von RAD, G. (1961), *Genesis* (S.C.M., 1961).
- (1962), *Old Testament Theology*, Vol. I (Oliver & Boyd, 1962).
- (1965), *Old Testament Theology*, Vol. II (Oliver & Boyd, 1965).
- VRIEZEN, T.C., *An Outline of Old Testament Theology* (Oxford, 1958).
- WEATHERHEAD, L.D., *Religion and Healing* (Hodder & Stoughton, 1963).
- WEBER, M. (1922), *The Sociology of Religion* (Methuen, 1965).
- WEISS, E. and ENGLISH, O.S. (1943), *Psychosomatic Medicine* (W.B. Saunders, 1957).
- WHEELIS, A., *The Quest for Identity* (Norton & Co., 1958).
- WHITCOMB, J.C., "The relationship of personality characteristics to the problems of ministers", *Religious Education*, 1957, 52.
- WHITLOCK, G.E., "The choice of the ministry as an active or passive decision", *Pastoral Psychology*, 1961, 12, 112.
- "WHOLENESS", *Conference Report* (S.C.M., 1965).
- WILLIAMS, C. (1963. a), *Where in the World?* (Epworth, 1965).
- (1963. b), *What in the World?* (Epworth, 1965).
- WILSON, J.S., *Ministerial Life and Work* (Oliphant, Anderson and Ferries, 1901).
- WISE, C.A., "The call to the ministry", *Pastoral Psychology*, 1958, 9, 89.
- WORLD HEALTH ORGANISATION:
- (1957), *Manual of the International Classification of Diseases, Injuries, and Causes of Death* (1955 Revision: Geneva 1957).
- (1967), *Basic Documents* (18th Edition: Geneva 1967).

Note: Biblical references are from the Revised Standard Version (Thomas Nelson & Sons, 1952).