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PERCEIVED PSYCHOSOCIAL STRESSORS OF THE CLERGY WORK AND THEIR IMPACT ON THE PSYCHOLOGICAL WELL-BEING OF ADOLESCENT CHILDREN OF THE CLERGY: THE CASE OF THE CHURCH OF PENTECOST IN GHANA

BY

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Declaration

This is to certify that this thesis is the result of research carried out by SHEILA NYANEBA HAYFRON under supervision towards the award of the MPhil Psychology Degree in the University of Ghana. This work has never been submitted to any other institution by anyone for any award.

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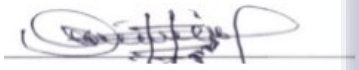

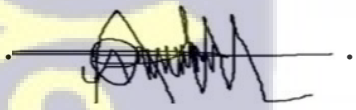

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ABSTRACT

The study examines the impact of perceived psychosocial stressors of the clergy work and their impact on the psychological well-being of adolescent children in the Church of Pentecost in Ghana using the sequential exploratory equal status mixed method approach.

One hundred and eleven (111) clergy fathers in the Church of Pentecost and one hundred and twenty- two (122) clergy children aged 10-19 years and were purposively sampled from all the regions of Ghana for the quantitative phase of the study. The quantitative analysis showed that perceived psychosocial stressors of clergy children is a significant positive predictor of depression, anxiety and suicidal ideation, accounting for 22.5%, 20.7% and 4.6% of the respective variances and a negative predictor of life satisfaction accounting for 13.8% of the variances in life satisfaction. Person characteristics (Age) and contextual factors (geographical setting of clergy family) were found to interact to significantly moderate the relationship between perceived psychosocial stressors and the experience of depression and anxiety.

For the qualitative phase, thirty (30) clergy children were purposively sampled using scores on Depression Anxiety Stress (DASS) – 21 and Suicidal Ideation Attributes Scale (SIDAS) and interview. Thematic analysis of 27 interview scripts revealed five major themes: perceived psychosocial stressors of clergy adolescent children, perceived effect of psychosocial stressors on clergy father, perceived effect of psychosocial stressors on clergy family function and dynamics, effect of perceived psychosocial stressors on physical, mental and behaviour of clergy children and coping strategies of clergy adolescent children.

The result of the study has implications for clergy parents to create opportunities for family engagement on issues concerning the family's identity and mission as clergy children who understand and accept their father's profession as a call and have a shared sense of mission as being part of their fathers' ministry team seem to better cope with the stressors of the clergy profession.

Church institutions must put in place systems, such as counselling services, that help clergy men and their families to manage psychosocial stress. Training of clergy must also include programmes that prepare them for the impact of the psychosocial stressors of the profession on their families.

Dedication

I dedicate this work to my children David Jr., El – Yadah, Elliot, Michael and Sheila, and to all clergy children in the Church of Pentecost.

Acknowledgement

I am most grateful to God almighty for my life and the strength to go through this academic exercise. I am greatly appreciative to my dear husband, Apostle David Nyansah Hayfron for his massive support and encouragement throughout this academic journey.

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To my parents, Mr. William Ward – Brew and Mrs. Josephine Ward- Brew, I am always grateful for the sacrifices you have made towards my academic life right from my childhood which has made me who I am.

God richly bless you all!!!

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List of Abbreviations

WHO – World Health Organisation

CoP – The Church of Pentecost

MCC - Male Clergy Child

FCC – Female Clergy Child

CP – Clergy Participant

CHAPTER ONE

1.1 Background to the Study

Several studies highlight the enormous psychosocial stressors the clergy and their families encounter as a result of the unique role they play in their churches and society (Aulthouse, 2013; Pond, 2000; Webb & Chase, 2019). Unlike other care-giving professionals, the families of the clergy are seen as part of the ministry or 'a team headed by the minister', thus they are expected to perform certain roles to enhance the ministry (Hileman, 2008; p. 122). Literature on the clergy and their families highlight psychosocial stressors such as high and unrealistic expectation from the community, church congregation and from the family themselves, privacy violations and intrusions, work overload on the clergy, relatively low financial compensation, inability to seek help for emotional or psychological problems outside the family and frequent relocations due to transfers with the attendant loss of friends and possible disruptions in the education of the children in the family (Hileman, 2008; Nortey, 2019).

The complicated intertwining of the clergy family unit with the church family results in a family boundary ambiguity situation which directly impact the psychological well-being of members of the clergy family (Hileman, 2008; Lee, & Iverson-gilbert, 2003). Family boundary ambiguity has been defined as ''a state in which family members are uncertain in their perception about who is in or out of the family and who is performing what roles and tasks within the family" (Daneshpour, 2017, p. 5). High and unrealistic expectation, privacy violations and intrusions have been found to be a resultant effect of boundary ambiguity in clergy families (Hill, Darling, & Raimondi, 2003).

Studies on clergy also reveal the experience of work-family conflict and emotional crossover from their work as counsellors of their congregation (Nortey, 2019). Work-family conflict which is a form of inter-role conflict in which the role pressure from work makes it difficult to perform one's role in the family or the other way round, has been found to affect parental emotions and adolescent – parent relationship (Gali Cinamon, Weisel, & Tzuk, 2007; Vahedi et al., 2019). The combined effect of boundary-related psychosocial stressors of clergy children and crossover of negative emotions from congregants who run to the clergy parent for counselling and emotional support coupled with the effect of the clergy work on parental availability and family functioning can potentially increase the risk of mental health disorders in clergy children, particularly adolescent children.

Adolescence has been noted as a stressful developmental period with increased vulnerability for internalizing symptoms. Adolescents perceive stress linked with concerns about their own identity (for instance, concerns about changes in their body, appearance and traits), "attempt to make their relationship with their parents more egalitarian and expand their social network" (Seiffge-Krenke, Aunola, & Nurmi, 2009; p. 259). Adolescents may also perceive stress in connection with concerns about their future in the area of their education and career goals. However, researchers of adolescent stressors reveal the protective effect of parental closeness and the critical impact of family processes on adolescent psychological well-being (King, Boyd, & Pragg, 2018). Family psychosocial stress has been found to affect adolescent-parent relationship, adolescent depressive and anxiety symptoms, life satisfaction as well as suicidal ideation (Chappel, 2011; Machell, Rallis, & Esposito-Smythers, 2016). It is therefore important to investigate how psychosocial stressors within the clergy family unit impact the psychological well-being of adolescent children.

According to the World Health Organisation (WHO) fact sheet dated 28th September 2020, mental health conditions account for 16% of the global burden of disease and injury in people 10-19years. Again, 50% of all mental health conditions start by age 14 but most of these are undetected and untreated, thus extending to adulthood and limiting the opportunities to live a fulfilling life. Globally, depression is the fourth leading cause of illness and disability among adolescents aged 15-19 years and for those aged 10-14 years, depression is ranked the fifteenth cause of illness and disability. Anxiety has also been found to be the ninth leading cause of illness and disability for adolescents aged 15-19 years and sixth for those aged 10-14 years. Suicide has also been ranked the third leading cause of death in adolescents 15-19years.

These figures raise concerns not only for parents and mental health professionals but also for policy makers and researchers. WHO recommends the promotion of researches aimed at, among other things, identifying vulnerable populations in order to enhance early detection and treatment of common mental health disorders (WHO, 2013). Most researchers, however, concentrate on adolescents living in poor economic conditions those prone to stigma, discrimination or exclusion, adolescents with chronic illness, autism spectrum disorders, intellectual disorders or other neurological conditions; adolescent parents, orphans, those in early or forced marriages or experiencing some human rights abuse, for example, sexual abuse (Corbett, Muscatello, Kim, Patel, & Vandekar, 2021; Uçanok, 2014). However, not much focus has been placed on adolescent mental health issues in clergy families. Consequently, mental health challenges in adolescents in clergy families may be undetected and therefore untreated.

1.2 The Ghanaian Religious Context

Ghana, though constitutionally a secular nation, is highly religious, with Christianity shaping the social and political life of the people (Quashigah, 2010). According to the 2021 Ghana Population and Housing Census report, the Christian population in Ghana is about 71.3 percent (Ghana Statistical Service, 2021). Pentecostal/Charismatics form the largest percentage of religious fraternity in Ghana, with about 31.6% of Ghanaians being in that category. They are followed by Muslims (19.9%), Protestants (17.4%), Ghanaians of other Christian faith such as African Faith Tabernacle Church, Church of Christ, Church of Jesus Christ of Latter-day Saints, Church Universal and Triumphant, Jehovah's Witnesses, Kristo Asafo, Musama Disco Christo Church and Twelve Apostles Church (12.3%), Catholics (10%), Traditionalists (3.2%) and those who affiliate with other religions forming 4.5% of the Ghanaian population (Ghana Statistical Service, 2021). Only 1.1% of Ghanaians affiliate with no religious faith (Ghana Statistical Service, 2021). There are also vibrant para-Church and non-Church organizations such as Scripture Union (SU), Ghana Fellowship of Evangelical Students (GHAFES), Christian Aid, World Vision and Compassion International. All these churches and para-Church bodies employ personnel who work either full-time or part-time. In some instances, such personnel are transferred from one place to another in pursuit of their work responsibilities.

The churches and religious bodies in Ghana play vital roles in partnering with the government to provide social services, civic education, social advocacy and ensuring political stability of the country (Asamoah, 2017; Benyah, 2021). This constant interactions between the government and religious bodies make the role of the clergy as community leaders very critical in the Ghanaian society. Most churches have seminaries, universities, Bible Schools or training centers where the clergy and other emerging leaders are trained to meet the increasing demands of the clergy work.

There has been an increase in the percentage of clergymen who are pursuing higher education to build capacity to mitigate the challenges of ministry life (Degbe, 2015; Markin, 2018).

Alongside this robust church and para- church work, there are also Prayer Centers, where many Christians (and non-Christians) run to in search of answers to problems or for spiritual deepening. Prayer centers have been cited as one of the first point of call of Ghanaians when confronted with mental health challenges (Ofori-Atta, Attafuah, Jack, Baning, & Rosenheck, 2018).

1.3 Clergy Work within the Ghanaian Context

The clergy play a critical role in serving as spiritual leaders and moral agents in the Ghanaian society. Apart from preaching, praying and providing spiritual leadership to members of their congregation, the clergy also provides counselling services to members of their church and community who experience psychological challenges and other life issues (Bonsu, 2016; Nortey, 2019). They provide assistance to individuals and families in the event of loss and bereavement, relationship concerns, economic crisis including paying of school fees and utility bills, sometimes at the expense of their meager family resources, as well as crisis of faith (Bonsu, 2016). In the Ghanaian society, like other African societies where life transitions such as birth, marriage and death are marked by elaborate rituals and celebrations, the clergy spend a considerable amount of time organizing and officiating naming, marriage and funeral ceremonies for members of their congregation.

The church, led by the clergy, also provide social services such as providing schools, health care facilities, good drinking water, caring for the sick, aged, needy and orphans in the community, rehabilitation programmes for street children, commercial sex workers, prisoners as well as providing health education for members of the community (Benyah, 2021; Eshun, 2013). The

clergy in Ghana are seen as key leaders of the community, consequently their services are not only restricted to members of their congregation but they can be contacted by any member of their community at any time for their assistance (Bonsu, 2016). In recent times, the clergy has been active in the political discourse and activities of the country in the area of organizing peace campaigns during elections, contributing to political discussions that influence the peace, morality and religious activities of the country as well as providing civic education to members of their congregation and other members of the community(Asamoah, 2017; Perry et al., 2011).

Studies on perception of Ghanaians on mental health has revealed a high degree of attribution of spiritual causes to disease and mental disorders (Opoku, Manu, & Antwi, 2018). Consequently, many seek assistance from the clergy and other faith-based organisations in the event of mental disorders or any health condition for which they cannot easily explain. The clergy therefore, play an important role in providing care, mental health education and social support for those with mental health challenges, thereby supporting the low-staffed mental health sector of the country (Asamoah, Osafo & Agyapong, 2014). The clergy in Ghana contribute immensely to the life of members of their congregation as well as aid in community and national development.

These diverse congregational and community demands on the clergy severely affect their own self-care and relationship with their families. Studies on the clergy in Ghana, suggest the clergy experience high levels of work-family conflict and burn out (Bonsu, 2016; Nortey, 2019). Most clergy participants in these studies acknowledge the difficulty they encounter in making quality time for their children because of work overload.

Within the Ghanaian context, the residence of the clergy is not seen as a private residence for his family only but as a home for the congregation and a refuge for members of the community in any form of life crisis whether spiritual, psychological, relational or economic (Bonsu, 2016; Nortey,

2019). It also serves as a guest house for visiting preachers and other invited guests of their congregations. For churches with many branches in different parts of the country, it also expected to serve as a transit for some members of the congregation travelling from one part of the country to another. Consequently, privacy violation and intrusion is a challenge which is difficult to address within the Ghanaian context and a concern expressed by many clergy in studies exploring clergy psychosocial stressors in Ghana (Bonsu, 2016; Nortey, 2019).

1.4 Social Construction of Clergy Children

Clergy children are perceived as unique in their parent's congregation(Stoffels, 2004). Being raised or socialized in a religious setting, they are expected to uphold the high moral standards of their religious faith. They are expected to be spiritual, dress well, respectful, ready to serve, benevolent, receptive to all and good examples to other young people. Clergy children report feelings of being scrutinized to live up to more stringent behavioural standards and their lives being used to assess the effectiveness of their clergy parents as moral agents of the society (Hardy, 2001; Pond, 2000).

As part of the ministry teams of their clergy parents and "unpaid extension piece of the ministry", clergy children are expected to be part of all church activities and take up church responsibilities (Stoffels, 2004; p.9). They are expected to volunteer for church roles when no one is ready to, help with children's progammes, either lead bible studies or have all the answers to the questions (Hardy, 2001). These unrealistic expectations are not limited to their moral and spiritual lives but academic lives as well. Clergy children are expected to be academically superior, highly motivated and focused (Delozier, 2013).

Despite these positive stereotypes, negative stereotype of rebellion exists about clergy children. There is an assumption that clergy children will rebel against their parents and their family's faith (Delozier, 2013). Rebellion in clergy children has been associated with the high expectation from church community and parents (Ryan, 2014).

1.5 Rationale for Choosing the Church of Pentecost

I chose the Church of Pentecost (CoP) in this research because being the largest Pentecostal church in Ghana and the second largest church in the country after the Roman Catholic Church, the CoP plays a significant role in shaping Christian practice in Ghana (Aseyero, 2019; Markin, 2018). The CoP is also part of the four Pentecostal denominations that are recognised as the founding churches of the Ghana Pentecostal and Charismatic Council (GPCC), formerly known as Ghana Pentecostal Council (GPC).

As at the end of 2020, the CoP had about 2,973,830 members forming about 9.8% of the total estimated 2019 population of the country and 13.8% of the Christian population of Ghana. The CoP had 16,946 churches located all over the country (*CoP*, 2020). The Church is also located in about 105 other countries (CoP, 2020).

The Church has about 1500 clergymen[1] in Ghana who may be transferred at any time with or without their consent to serve in any of its churches within or outside of the country (Vinet & Zhedanov, 2010). On an average, a clergy person is transferred every 3-5years. These transfers are major stressors to the family of the clergy as clergy families have a short period to prepare for the relocation (Nortey, 2019). Nortey's study on psychological stressors of the clergy showed that the clergy in the CoP in Ghana experience significantly high levels of work-family conflict and

[1] Data obtained from the Church of Pentecost Headquarters on 7th August, 2021.

boundary-related stressors which significantly predicted exhaustion and burn out among the clergy, making the CoP an ideal institution for the study of stressors on clergy children in Ghana (Nortey, 2019).

1.6 Problem Statement

Ghana has many clergy who, apart from their role as spiritual leaders and moral agents in the society, serve as frontline workers in the mental health profession (Asamoah et al., 2014). Unfortunately, despite the large number of clergy and the multifaceted role they play within the Ghanaian society, there is a dearth of research to understand the psychosocial stressors of the clergy and their families. The few studies that sought to explore the psychosocial stressors of the clergy focused on how these stressors affect their own health and productivity in their professions. These studies provide little information on how these stressors affect their family functioning and the psychological well-being of other members of their family, especially their adolescent children.

High expectation from congregation and society accounts for more clergy children rebelling against the faith and values of their parents than peer influences (Ryan, 2014). Conduct disorders in a clergy child lead to social anxiety, guilt, anger and depression in the parent-pastor as this is perceived as a ministerial failure of the pastor by the congregation and the community resulting in the questioning of the competency of the pastor as an effective moral agent (Ryan, 2014). Thus, just as psychosocial stressors of the clergy work impact the psychological well-being of clergy children, so do the resultant effects on behaviour of the children also impact the psychological well-being and job satisfaction of the clergy parent.

The clergy also report high levels of work-family conflict (Nortey, 2019) which negatively impacts the ability of parents to transmit their beliefs and values to their children. (St-Amour, Laverdure,

Devault, & Manseau, 2007). Transmission of Christian beliefs and values to members of their nuclear family is a crucial responsibility especially for the clergy as the inability of a clergy parent to produce well-behaved Christian children is seen as a ministerial failure and undermines his responsibility as a moral agent of the society. Work-family conflict also affects the emotional state of the parents resulting in negative parenting behaviours consequently, increasing the likelihood of the experience of both internalizing and externalizing behaviours in the children (Dinh et al., 2017; Vahedi et al., 2019).

For adolescents, stress has been found to have more important effects on the brain and behaviour than similar stress in adulthood (Lupien, McEwen, Gunnar, & Heim, 2009). This is because unlike in adulthood where the effects of the stress are mostly reversible on cessation of the stressor, the adolescent brain shows more sensitivity to stressors. It affects "structure and function of the brain and create morbidities which last well into adulthood" (Eiland & Romeo, 2013, p.166; Lupien et al., 2009). Consequently, career-related stressors of the clergy can potentially have a more devastating effect on the psychological well-being of their adolescent children than the clergy person and spouse themselves.

1.7 Aim and Objectives of Research

The aim of this study is to examine perceived psychosocial stressors of the clergy work and the impact on the psychological well-being of adolescent children of the clergy in the Church of Pentecost in Ghana.

The objectives are:

1. To assess the relationship between perceived psychosocial stressors of clergy adolescent children and their psychological well-being.

2. To assess the moderating effect of age and place of residence of the clergy family on the relationship between perceived psychosocial stress of clergy children and psychological well-being.
3. To assess the relationship between psychosocial stress of clergy and perceived psychosocial stress in their children.
4. To assess differences in stress perception between male and female children of the clergy.
5. To explore the lived experiences of adolescent children of the clergy with different levels of psychological well-being.
6. To qualitatively explore the nature of boundary ambiguity in clergy families in Ghana.

1.8 Significance of Research

This study will contribute to findings on psychosocial stressors of the clergy and their families in Ghana. Studies that focus on the clergy in Ghana have mostly investigated their contributions towards mental healthcare delivery in Ghana (Asamoah et al., 2014). Researches that seek to understand psychosocial stressors that affect psychological well-being and efficacy of the clergy and their families in Ghana are scanty. This study will investigate the perception of clergy children in Ghana of their parent's profession and the impact of the clergy work on their psychological well-being. It will also investigate how the impact of psychosocial stress of the clergy on the psychological well-being of their children.

It will also offer insight to the clergy, counselors, Psychologists and church organisations like the Church of Pentecost on the impact of the clergy work on psychological well-being of clergy children with the hope of stimulating other researches aimed at finding appropriate interventions

for these stressors. Churches may also draw from this study to formulate policies which can minimize the effect of these stressors on the clergy and their families. Clergymen and women will appreciate the critical need for early parental interventions to minimize the possibilities of mental health challenges in their children.

1.9 Organisation of Research

The work is organized in five chapters. Chapter One provides information on the background, significance, aim and objectives of the study. Chapter Two handles the theoretical and conceptual framework and the review of relevant literature. Chapter Three is the methodology section. Chapter Four presents the results of the quantitative and qualitative analysis. Finally, the discussion, recommendations, limitations, challenges and conclusion of the study are presented in the Chapter Five.

CHAPTER TWO

2.1 Theoretical Framework of the Study

The study is based on three converging theories that explain how family processes affect individuals in the family. These theories are: Bronfenbrenner's Bioecological Systems theory, Family Systems theory and Pauline Boss' Boundary Ambiguity Theory (1977).

2.1.1 Bronfenbrenner's Ecological Theory:

The Bioecological theory, developed by Urie Bronfenbrenner, explains how the development of a child/ young person is influenced by the different layers of environmental and relational contexts he/she is embedded in, over a period of time (Ettekal & Mahoney, 2017). Originally placed in the field of Developmental and Educational Psychology, ecological systems model and its current bioecological model have been used in various disciplines as a framework for the investigation of the impact of contextual and proximal factors on the development, behaviour and well-being of a developing individual (Ashiabi & O'Neal, 2015). The current study adapts Bronfenbrenner's "Process-Person-Context-Time" research model, which simultaneously investigates the effect of proximal processes, context, person characteristics and time on the developmental outcomes of individuals, to investigate the association between perceived psychosocial stressors of the clergy and their children, and the psychological well-being of clergy children (Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Morris, 1998).

2.1.1.1 Proximal Processes

The bioecological theory hinges on two interdependent propositions. The first states that:

"Human development takes place through processes of progressively more complex reciprocal interaction between an active, evolving biopsychological human organism and the persons,

objects, and symbols in its immediate external environment" (Bronfenbrenner & Evans, 2000, p.117).

Such enduring forms of interaction are what Bronfenbrenner referred to as proximal processes and formed the centrality of his theory. Proximal processes are effective when they "occur on a fairly regular basis over extended periods of time"(Bronfenbrenner & Evans, 2000, p.118). Though Bronfenbrenner's examples of proximal processes were all positive, interaction within the immediate environment of a developing individual do not always produce positive outcomes on development. With this current study, perceived psychosocial stressors of clergy children is conceptualized as a measure of clergy children's perception of various proximal processes within their immediate environment such as privacy violation and intrusion of members of the congregation, congregational expectations, frequent relocations and family interactions.

The second proposition which states that

> "…the form, power, content, and direction of the proximal processes that affect development vary systematically as a joint function of the characteristics of the developing person and the environment (both immediate and more remote) in which the processes are taking place and the nature of the developmental outcomes under consideration"

highlights the moderating effect of context and person characteristics on developmental outcomes (Bronfenbrenner & Evans, 2000, p.118).

2.1.1.2 Person Characteristics

A person's characteristics play a key role in actively or passively altering his context (Rosa & Tudge, 2013). The bioecological theory divides person characteristics into three types: demand or personal stimulus, resource and force characteristics (Tudge et al., 2009). Demand or personal

stimulus characteristics are those that act as immediate stimulus and influence initial interactions with others. These include characteristics such as age, gender, skin colour, physical appearance (attractiveness/ unattractiveness). These passively influence context by influencing reactions from the social environment and the way proximal processes are established (Waugh & Guhn, 2014). Resource characteristics relate to mental, emotional, social or material resources such as skills, intelligence, educational opportunities, access to housing, parental care and support. These influence a person's ability to engage or disrupt proximal processes (Rosa & Tudge, 2013). Forced characteristics relates to temperament, motivation, resilience and others. It is considered the most influential factor in determining a person's developmental outcomes either in a generative or disruptive manner (Bronfenbrenner & Morris, 2006).

The current study investigates the moderating effect of age and gender on the relationship between perceived psychosocial stressors of clergy children and their psychological well-being.

2.1.1.3 Context

Bronfenbrenner's theory identifies four different ecological contexts which interact and influence the development and behaviour of an individual. These levels are the microsystem, the mesosystem, the exosystem and the macrosystem. The various levels of ecological systems are often conceptualized as a series of concentric circles nested around a focal individual.

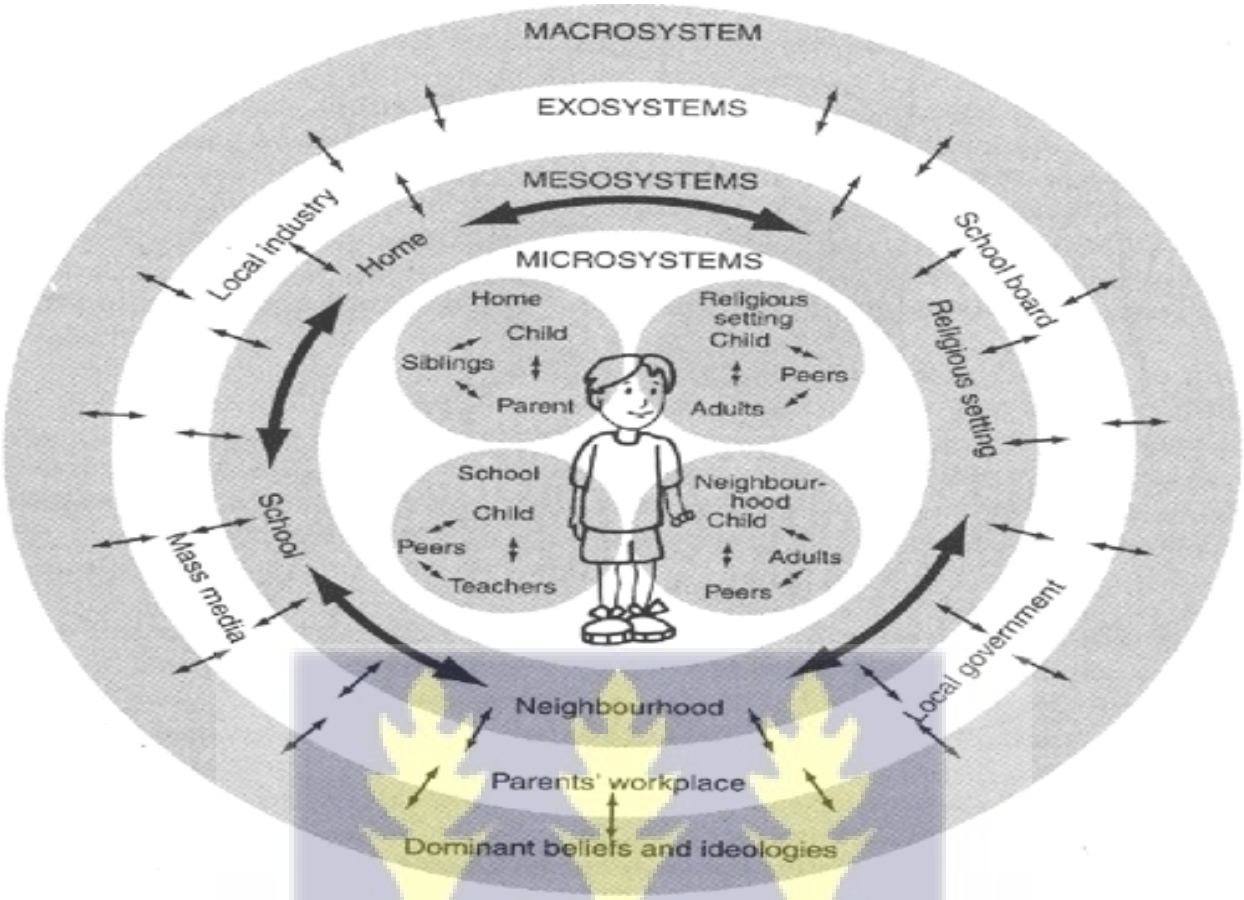

Fig. 1.1: Diagrammatic Presentation of Bronfenbrenner's Ecological systems Theory (Picture copied from Härkönen, 2007)

The Microsystem.

The microsystem is the closest ecological system with which the individual directly interacts (Ashiabi & O'Neal, 2015). It encompasses the environmental structures the child maintains closest relationships or interactions with. The interaction within the microsystem is bi-direction, that is "from the child and towards the child" (Härkönen, 2007, p. 7). The structures that make up the microsystem include family, school, neighbourhood and religious group. Within the microsystem, the bi-directional interactions are the most influential and has the greatest impact on the

development of the child. For clergy children, the church forms part of their microsystem because of the unique role it plays in their socialization (Cutshall, 2000).

The Mesosystem

The mesosystem is composed of the interactions and connections between the structures of the different microsystems within which the individual is embedded (Ettekal & Mahoney, 2017; Perron, 2017). That is to say, it is the system of relationships between the child's microsystems. Bronfenbrenner's ecological theory asserts that the interaction between the adolescent's family and church, school or neighbourhood may produce a joint effect different from the effect they separately produce. There is therefore the need to assess the direction of the "influencing factors of socialization"; whether they are coinciding or in opposite directions, supporting or opposing each other, promoting different ways of behaviour or have similar behavioural expectations, perceived by the developing individual as supportive or stressors (Härkönen, 2007, p.11). With the close interaction of the clergy family with the church family, the church is seen as also forming part of the mesosystem of the clergy family.

The Exosystem

The exosystem is composed of the interactions and processes between two or more structures or environmental contexts, at least one of which does not contain the developing individual, but in which processes occurring influence his/her microsystem (s) (Ashiabi & O'Neal, 2015). For example, the interaction between the home and the parent's workplace; parent work load, work schedule, work transfer and so on. For clergy families, the church at one breath serves as a community which includes the children and at another breath (within the churches administrative structures) a parent's workplace within which events and processes occurring influence the clergy

child. The interaction between the clergy home and the church can therefore fall within the mesosystem as well as the exosystem according to Bronfenbrenner's definition. The current study considers clergy father's perceived psychosocial stress as an exosystem construct that may moderate the relationship between perceived psychosocial stressors of clergy children and their psychological well-being.

The Macrosystem

The macrosystem is considered the outermost layer in the developing individual's environment. This is composed of the set of overarching values, beliefs, customs, traditions, norms and laws reflected in the cultural, religious and socioeconomic organization of the social context (Ettekal & Mahoney, 2017; Perron, 2017). The principles within the macrosystem influences interactions within and between all other systems and moderate the experiences of individuals going through the same activities in the different social and cultural contexts (Härkönen, 2007). The macrosystem also serves as a filter for the interpretation of future experiences (Ettekal & Mahoney, 2017).

Socioeconomic context is an important macrosystem construct within the Ghanaian context which may influence experiences of the clergy and their children. Adolescent children of the clergy whose parents are stationed in urban areas where schools and other social amenities are easily accessible are likely to have different experiences from those in rural settings. Since the church determines where the clergy family resides through transfers, the church's influence therefore permeates all the different layers of ecological systems that surround the clergy child in the CoP in Ghana.

2.1.1.4 Time

The bioecological theory identifies three different dimensions of Time: the micro-time, which refers to the occurrences within the specific course of an interaction, the meso-time, referring to the extent to which the activity or interaction of interest occurred with some consistency and the macro-time/chronosystem which emphasizes the influence of both change and consistency of experience on the developing individual (Rosa & Tudge, 2013). The chronosystem may include change in family structure, relocation of family, change in parental employment status and political changes.

It has been suggested that, to incorporate time in a research guided by the bioecological theory in the best possible way, the research must be longitudinal in order to assess the developmental changes with time in the developing individual due to the proximal process understudy, as they are mutually influenced by context and person characteristics (Tudge et al., 2009). This study is a cross-sectional study and therefore does not assess the impact of time on the relation between the proximal process under consideration, perceived psychosocial stressors, and the developmental outcome (psychological well-being).

2.1.2 Family Systems Theory

The family systems theory proposes that an individual's functioning is not so much a result of intrapsychic factors but determined by interactions between members of the family system he or she finds himself or herself and between the family and the context (s) the family is embedded (Ramachandran, 2012). This theory views the family as a self-organizing complex system with individuals who interconnect and interact to influence each other's functioning through direct and indirect pathways (Fitzgerald, London-Johnson, & Gallus, 2020). The family functions as a single

emotional system constantly receiving information from within and outside itself, integrating the information and responding to the information received. Consequently, every member of the family is "vulnerable to and dependent on other members and their expectation" (Son, 2019; p. 11). Stress on any member of the family is therefore expected to impact other members directly or indirectly to varying degrees. The whole clergy family, as a unified emotional system, senses, feels, thinks and acts in response to the psychosocial stressors of the clergy profession, thus compromising the psychological well-being of every member of the family.

Members of the family system are also postulated to belong to different hierarchical subsystems which require different qualifications for membership (Fitzgerald et al., 2020). A person's position in the system subject to the various interactions within the family system such as role expectation and definitions, loyalty conflict, boundary and attachment issues, competing emotional demands, hierarchy issues, coalitions and collusions, loyalty conflicts, family culture and value systems and systemic anxiety promotes or decrease psychological well-being (Ramachandran, 2012). The subsystem of the parents occupy the top family hierarchy and is crucial to the family's function, warranting an investigation into the effect of psychosocial stressors on the clergy father on psychological well-being of their children.

The emphasis of the family systems approach on circular causality as opposed to linear causality; that behaviours within the family system simultaneously influence each other (Ramachandran, 2012; Robbins et al., 1998), means that psychopathology does not reside in an individual but a disturbed or dysfunctional family system (Kerig, 2011; Schermerhorn & Mark Cummings, 2008). The individual showing the symptom, the symptom bearer, is only manifesting a dysfunction within the family system. In addition, psychopathology is seen as resulting from dysfunctional boundaries among members of the family. Healthy family boundaries are described as being well

differentiated such that individual members are able to maintain a sense of autonomy whilst maintaining contact with the family's emotional system (W. H. Watson, 2012). This pre-supposes that despite the congregational expectation of clergy children to play certain roles to enhance their parents' profession, clergy children must perceive adequate levels of independence to choose the extent to which they may be involved in church work, whilst still upholding the Christian values of the family, without criticisms from the family and congregation in order to promote their psychological well-being. This theory offers a relevant framework for assessing how congregational and family expectations impact the psychological well-being of clergy children.

The Family Systems theory have been used to explain the link between children's health and family dynamics such as parenting behaviour (Gilbertson & Graves, 2018) and parent-child relationship (Kerig, 2011). It therefore serves as a relevant theory for linking the psychological well-being of clergy children to the psychosocial stressors of the family since psychosocial stressors has been shown to affect family function, parental affect and behaviour (Strazdins et al., 2013; Vahedi et al., 2019).

2.1.3 Family Boundary Ambiguity Theory

The Family Boundary Ambiguity theory is derived from the Family Systems theory. Its proponent, Pauline Boss, explained that family systems require clearly defined semi-permeable boundaries for proper functioning (Carroll et al., 2007). These boundaries are invisible barriers that surround the family system and subsystems, regulating the amount of contact with others and distinguishing it from the rest of their surrounding (Hill, Darling, & Raimondi, 2003). Firm and clear family boundaries serve to protect the autonomy of the family's subsystems and the entire family unit whilst unclear boundaries can create a dysfunctional family and is a source of family psychosocial stressors (Bagarozzi & Berry, 2010; Boss & Greenberg, 1984).

Family boundary ambiguity occurs when there is lack of clarity concerning membership of the family unit and the roles of individual members of the family (Daneshpour, 2017). Short-term and moderate boundary ambiguity may be common in everyday life, however, prolonged high boundary ambiguity have been found to result in high levels of family stress and increased dysfunction in the family unit and individual subsystems (Carroll et al., 2007). Two primary types of high boundary ambiguity situations were proposed in the early conceptualization of the theory. These are Type I: physical absence with psychological presence (that is, a situation where a "family member is physically absent or missing but perceived as psychologically present"). This type of boundary ambiguity was first identified in families of soldiers who were missing in military action where the families were stuck in a state of uncertainty, not being able to grieve their loss and move on (Bagarozzi & Berry, 1990; Boss, 2014; Boss & Greenberg, 1984). Type II: physically present but psychologically absent (that is where "the family is physically intact but one member is emotionally or psychologically unavailable to the family system") as in families with Alzheimer's disease (Caron, Boss, & Mortimer, 1999; Carroll et al., 2007, p. 211).

Though the boundary ambiguity theory originated with studies relating to ambiguous loss, that is, either physical or emotional absence of a family member, it has been found to apply to any situations where family members experience incongruence in perception of either an inclusion/ exclusion of a family member, as in the case of divorce and remarriage, or intrusion on the family boundary. Essentially, boundary ambiguity has moved from being conceptualized as a situational construct to a perceptional construct (Khaw, 2010; Lee, 1995). Thus, the extent of the ambiguity may be perceived differently within the same family.

Literature on clergy family identify boundary ambiguity relating to incongruence in congregational expectations of members of the clergy family and congregational intrusiveness on the privacy of

the clergy family which was first classified as Type III ambiguity by Lee (1995). This has been conceptualized from the ecological perspective as "microsystem/exosystem boundary ambiguity" to highlight the confusion in the membership of these two ecological systems in clergy families and the resultant incongruence in role expectation of members of the clergy families (Lee, 1995). Other researchers have investigated boundary ambiguity in clergy families from other perspectives but these have essentially related to congregational intrusiveness and congregational expectations. However, with clergy perception of their profession as not just a job for making a living but a holy calling which demands self-sacrifice, there is the tendency of the clergy to be overly involved with career demands resulting in psychological unavailability to their families. Clergy in the CoP in Ghana have reported high levels of work-family conflict resulting in difficulty in meeting family roles (Nortey, 2019). Though researches of clergy family psychosocial stress admit that the clergy is involved in a highly demanding and all- absorbing career, Lee (1995) still maintains that the incongruence in clergy families is rather related to congregational intrusiveness and the meaning the clergy family ascribes to it. This research will, however, seek to qualitatively investigate whether psychological unavailability of the clergy father due to work overload can potentially result in the experience of boundary ambiguity of the Type II nature in clergy children.

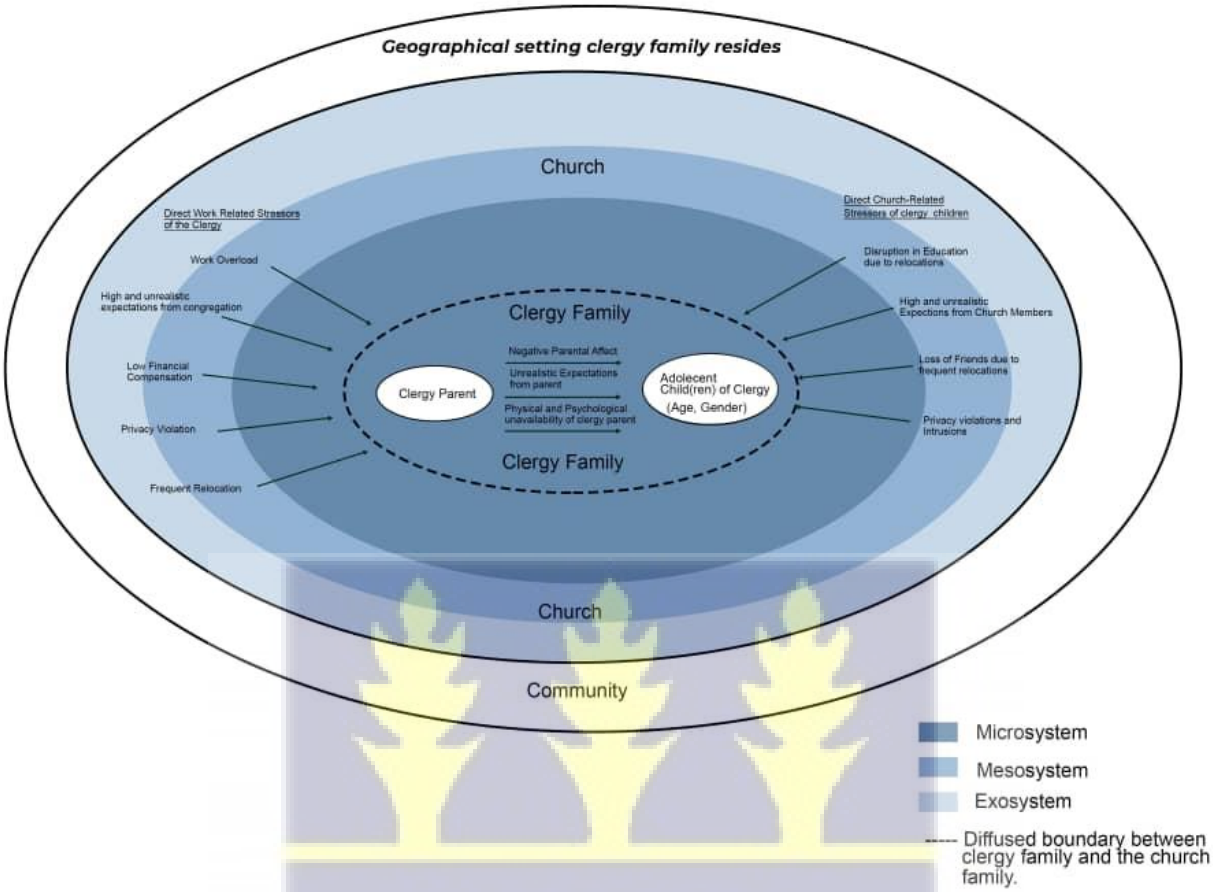

Figure 2.1 Diagrammatic presentation of theoretical framework

Drawing from Bronfenbrenner's ecological theory, the clergy family unit which is embedded in the church family is the primary microsystem of the adolescent child of the clergy. The church also forms part of the micro, meso- and exosystems of clergy children which I have illustrated in Figure 2.1 with three different shades of blue colours in the concentric circle labeled church. The diffused boundary between the clergy family unit and the church family, resulting in family boundary ambiguity is illustrated in Figure 2.1 as broken lines. The community in which the clergy family is stationed forms the macrosystem of the clergy children.

The clergy parents as well as children experience direct psychosocial stressors from the clergy work. The clergy experience psychosocial stressors such as work overload, high and unrealistic expectation from the congregation, low financial compensation, privacy violation and frequent relocations. The adolescent child of the clergy also experiences psychosocial stressors such as high and unrealistic expectation from church members, privacy violation and intrusion, disruptions in their education and loss of friends due to frequent relocations. From the family systems theory, psychosocial stress on any member of the family is expected to have direct or indirect impact on other members of the family to varying degrees. Thus, psychosocial stressors of the clergy indirectly impact members of their family. For adolescent children of the clergy, this manifest as psychosocial stressors such as negative parental affect of clergy parent, physical and psychological unavailability of clergy parent and high expectation from parents.

2.2 Review of Relevant Literature

2.2.1 Conceptualisation of Stress

Stress is seen as a normal part of life. Individuals and families may encounter stress as a result of positive or negative life events, normative life transitions and daily hassles (Price, 2009). Butler (1993) identified three main definitions of stress: the stimulus- based definition, response-based definition, and the process-based definition. The stimulus-based definition, which measures stress in terms of the stimulus, suggests stress as a result of pressure and focuses more on external sources of stress (Butler, 1993). The greater the stimulus (the external stressor), the greater the likelihood of the recipient to succumb to the stimulus. The response-based definition which was emphasized by Selye (1956) saw stress as the body's response to challenges or anything that seriously threatens homeostasis (Schneiderman, Ironson, & Siegel, 2005) whilst the process-based definition, which

measures stress from psychological perspective, sees stress as a dynamic process involving the balance between perceived demands and perceived resources. When the perceived resources outweigh the demands, stress is less felt (Butler, 1993). Other definitions such as Lazarus and Folkman's transactional model seem to combine the stimulus, response and process-based definitions.

Despite the variety of proposed definitions, no single conceptualization is universally accepted (Monroe, 2008). These earlier conceptualizations of stress focused mainly on discrete and observable life events which resulted in significant changes, and required significant social and/or psychological adjustments of the individual (Wheaton, Young, Montazer, & Stuart-Lahman, 2013). These researchers, however, recognized that the impact of an event on well-being depends on the social context in which an event occurred (Roxburgh, 2011). That is to say the social context influence the nature and the impact of life events on an individual. Events are seen as not necessarily impacting upon people directly but may, instead, exert their effects through a wider context of life strain", consequently "seemingly trivial life events" can precipitate episodes of depression in individuals already experiencing chronic life strains. Current researches on stress focus more on stressors within the social context/reality of the individual, also referred to as contextual stressors or ecological stressors. Contextual or ecological stressors affect individuals by virtue of membership in that social unit and in varying degrees or directly affect "individual functioning, regardless of the actual occurrence or non-occurrence of that stressor at the individual level" (Paradies, 2010, p. 209). These include stressors such as economic recession, family stressors, low economic status, neighbourhood stressors like discrimination, workplace and school stressors (Paradies, 2010). Studies on stressors facing individuals who are socially networked have

provided more insight into the phenomenon such as stress spill over and stress contagion or stress transfer (Carr & Umberson, 2013).

2.2.2 Perceived Stress and Adolescent Psychological Well-being

Perception has been highlighted as essential for the experience of stress in major theoretical definitions of stress. Situations or events are perceived as stressful if they have the potential to harm, produce a loss or negatively impact a person's well-being (Salomon & Karlsdóttir, 2013). Primary appraisal of the situational demand, loss, difficulty and/ or uncertainty in relation to a secondary appraisal of both internal and external resources of coping, personality and support determine the resultant effect on the physiological and psychological well-being (Phillips, 2013; Salomon & Karlsdóttir, 2013). Perceived stress has, therefore, been defined as the extent to which an individual appraises situational demands as exceeding or straining his ability to cope (Lazarus & Folkman, 1984).

Perceived stress is a result of the interaction between the individual and his /her environment (Phillips, 2013). Levels of perceived stress vary between individuals. Studies among adolescent have, however, shown that situational factors is a stronger predictor of perceived stress (Andersen, Lindholdt, Winding, Lund, & Labriola, 2017; Seiffge-Krenke et al., 2009). A longitudinal study of two hundred (200) adolescents revealed that stress perception among adolescents were highest with issues relating to parents, especially parent-adolescent conflict concerning adolescent autonomy, communication problems and high parental expectations of academic achievement (Seiffge-Krenke et al., 2009).

A cohort study of 13,101 Danish adolescent students found social status and unsecured neighbourhood as strong predictors of perceived stress in adolescents (Andersen et al., 2017).

Other predictors of adolescent perceived stress are peer and romantic relationships as well as school achievement (Gómez-López, Viejo, & Ortega-Ruiz, 2019; Seiffge-Krenke et al., 2009). Adolescent perceived stress has also been found to change over the life course. Stress perception is highest in early adolescence and decrease in late adolescence due to increase coping (Seiffge-Krenke et al., 2009). Stress perception has also been found to be higher in girls (Andersen et al., 2017).

Adolescent perceived stress has been linked with mental health problems, delinquent behaviours and an overall decrease in adolescent psychological well-being (Arhin, Oppong Asante, Kugbey, & Oti-Boadi, 2019; Shek, 2003). A cohort study of 11,929 Danish adolescents, aimed at investigating perceived stress as a marker for later mental disorders in adolescents, during a 12-16 month follow-up concluded that adolescents reporting moderate and high levels of perceived stress on the Cohen's Perceived Stress Scale are twice and six- times likely to develop a mental disorder respectively after controlling for sex, parents' educational level and self-rated health (Lindholdt et al., 2021). The researchers, however, stated that the findings may possibly be an underestimation of the reality since only diagnosis on hospital contact were included in the study. Undiagnosed mental health problems and mild or moderate mental disorders treated by general practicians were excluded in the study.

These findings are consistent with a much early research which examined the relationship between perceived stress in 1,038 adolescents and psychological well-being. Family, school and peer-related stressors were all found to predict the four measures of psychological well-being used: anxiety, depression, social dysfunction and anergia, with family-related stressors having the strongest negative impact on psychological well-being (Siddique & D'Arcy, 1984).

In another cross-sectional study of 1,239 Norwegian adolescents (13- 18 years), perceived stress was found to have a strong inverse association with life satisfaction (Moksnes & Haugan, 2015). Researchers have investigated other stressors such as social discrimination, stigma, poor economic conditions and bullying, and how they predict psychological well-being of adolescents (Pérez-Muñoz, Chacón, & Martínez Arias, 2015; Wheaton et al., 2013). These studies have emphasized the protective role of family connectedness on adolescent psychological well-being (Viner et al., 2012).

Psychological well-being, which is usually conceptualised as experiencing high levels of positive affect and decreased negative affect (the hedonic perspective), and functioning with optimal effectiveness and satisfaction in individual and social life (the eudaimonic perspective), has been found to be a reliable predictor of health and long term positive adjustment (Deci & Ryan, 2008; Gómez-López et al., 2019). There is increased evidence that exposure to chronic, unpredictable stress in adolescence can lead to "exaggerated responses to subsequent stress exposure in adulthood," consequently the need for more research into adolescent stress and psychological well-being (Eiland & Romeo, 2013; Hollis, Isgor, & Kabbaj, 2013).

2.2.3 Parent Work Stress and Adolescent Psychological Well-being

Parents work is a determinant of family resources which include not only financial or material resources but also parents' physical and emotional availability to their children and parent's psychological well-being (Dinh et al., 2017). Poor work conditions which expose parents to long hours of working, work overload, low autonomy and inflexible schedules result in work-family conflict which has been linked to poorer children and adolescent mental health and behavioural problems (Dinh et al., 2017).

A review of researches that link parental work stress with children and adolescent's psychological adjustment reveal that the link between parents' work stress and adolescent psychological adjustment appear to be indirect. Parental work stress predict their own feelings of strain and overload which in turn predict parent -adolescent conflict and adolescent psychological well-being and problem behaviour (Crouter & Bumpus, 2001). These researches reveal interesting differences between work-related stress on mothers and fathers. Work-related stress of the father does not only predict their own perception of stress and role-overload but their wives as well. One possible explanation given for this is that even in families where both parents are working, fathers mostly are the primary economic providers making their work circumstances more influential on the family. For wives, their role as the primary care-givers in the home tend to make them shift focus from the stress of their work environment. A ten year longitudinal study of the families of 4,983 children aged 4-5year old children, however, provides evidence of a mutual crossover of a parent work stress on the other spouse's parenting behaviour over time through inter-parental conflict and parenting irritability, resulting in increased internalizing and externalizing behaviours in children and adolescent (Vahedi et al., 2019). Nevertheless, this study provide evidence of a more detrimental effect of father's work-family conflict on adolescent children. These findings have significant implications for clergy families, especially for the Church of Pentecost where the clergy is made up of males and they are mostly the primary economic providers in most families.

Crouter and Bumpus (2001) proposes further research into other parenting domains that may be affected by work-related stress by parents "such as the ability to maintain firm and consistent standards for children's behavior or to stay knowledgeable about children's daily experiences," which have implications for adolescent psychological well-being. Global life satisfaction has been

found to mediate stressful life events and parenting behaviour and later adolescent problem behaviour (Huebner, Suldo, & Valois, 2003).

In another study involving 120 participants, made up of 60 married couples, work stress was negatively associated with parents' self-efficacy in their parenting role and perceived parent-child relationship (Gali Cinamon et al., 2007). Self- efficacy is the confidence in one's ability to perform a particular task, role or behaviour (Bandura, 1977 as cited in Anderson, 2006). Parental self-efficacy implies a parent's "knowledge of effective parenting behaviour and confidence in one's ability to perform them" (Bandura, 1989 as cited in Anderson, 2006; p. 7). Anderson (2006) also link work stress with reduced parental self-efficacy, ineffective parenting and youth problem behaviours. (Viner et al., 2012). WHO identifies institutional effects to improving supportive parenting, along with education, as vital to preventing the development of health inequalities among adolescents and improving population health, as family connectedness seem to be one of the most important protective factors of poor health outcomes in adolescents (Viner et al., 2012).

For clergy families, they are affected not only by stressors due to the demands of the profession, but also by boundary related stressors. Work demand-related stressors have been found to correlate positively with boundary-related stressors and clergy with children report more work and boundary related stressors than those without children (Mitchem & Whiejong, 2016). Both stressors relating to work demand and boundary related stressors have been found to be detrimental to the mental health of adolescents, consequently placing the adolescent child of the clergy at a higher risk of mental health challenges (Brooks, Fiedler, Waddington, & Zink, 2011; Dinh et al., 2017).

2.2.4. Psychosocial Stressors of Clergy Children

Clergy children are mostly seen as special within their parents' congregations (Stoffels, 2004). This feeling of 'specialness' has also been reported by clergy children themselves. In a paper presented at the annual meeting for the Association for the Sociology of Religion, in San Francisco, California on the 14th of August, 2004, Hijme Stoffels, reported a cross-sectional survey conducted in 2002 on 2,086 Dutch clergy children living in Netherlands, Belgium, Germany, the United Kingdom, Norway, the United States, Brazil, South Africa, Australia and New Zealand. Of the number, 84% said they felt special being a clergy child when they were young (Stoffels, 2004). One side of being a clergy child is that you enjoy the attention of the society, especially those in the church, and a reflection of the glory of your father or mother. There is another side to this which is often underestimated; the stressors they face by virtue of being children of the clergy (Sheppard, 2001).

Life in the 'mission house/parsonage/parish (or any other name given to the house that hosts the clergy person and his family) has been described as life in a 'glass house' or 'fishbowl' (Hileman, 2008; Stoffels, 2004). This is because the clergy and their families perceive scrutiny and a lack of privacy from church members and the society.

Six boundary-related stressors of clergy and their families were identified by Hill et al. (2003): inadequate time with their families, lack of private space, congregational fit, frequent mobility, isolation from their extended families and intrusion. This study, though interested in the whole clergy family unit, examined the stressors only from the perspectives of the clergy participants and their spouses. The clergy participants, however, admitted that these stressors negatively impact their roles as fathers and husbands. Moreover, this study was conducted in a Western context. Intrusions on the family time of the clergy due to congregational demands create a high ambiguity

situation for the family which may lead to psychological disconnection of the clergy from his family. Family leisure time has been found to positively associates with adolescents' well-being and mealtime with both parents or father only is associated with greater positive affects and engagement, and lower stress in adolescents than with mother only (Offer, 2013).

Boundary ambiguity in the clergy profession has also been explain to be produced by the dual relationships the clergy may have with members of their congregation (Bleiberg & Skufca, 2005). Unlike other care-giving professionals, the clergy do not adhere to a standard ethical code which provide rules and guidelines for dual relationships (Mitchem & Whiejong, 2016). A member of the congregation may be a counselee, a presbyter and a friend. These multiple roles the clergy share with members of their congregation may result in boundary and attachment issues. Clergy members who report boundary difficulties experienced higher levels of anxiety (Bleiberg & Skufca, 2005). For clergy children, the stress of having to relate with congregational adult members who are also supervisors of their clergy parents may limit their own sense of authority within the congregation (Hardy, 2001).

High expectation from church members and parents is another psychosocial stressor of clergy children (Carroll et al., 2007; Pond, 2000; Sheppard, 2001). High expectation from church members is reflected in the positive stereotype associated with clergy children. Clergy children are expected to be intelligent, morally perfect and naturally committed to serving the church and others (Sheppard, 2001). In some churches, they are seen as an integral part of the ministry team (Hileman, 2008) and failure in their lives is interpreted as a ministerial failure on the part of their clergy fathers. This can make them pretend and unable to be themselves (Stoffels, 2004). The growing phenomenon of clergy children following their father's career path also has the potential of increasing the stress on clergy children with no ministry aspirations. The family systems theory

emphasizes the need for individuals in the family to be well differentiated from other members in order to experience a sense of autonomy. A person's perceived freedom to make life choices, express his/her opinions and ideas, and to be him/herself in daily situations are elements of autonomy. The clergy child therefore losses his/her autonomy and his/her psychological well-being is compromised.

Financial difficulties have also been cited as another psychosocial stressor of clergy families (Aulthouse, 2013; Bonsu, 2016; Hardy, 2001; Hileman, 2008; Nortey, 2019; Pond, 2000). Clergy children experience the strain placed on the family due to inadequate financial compensation. In response to this, some clergy and spouses opt for a second source of income which further decreases their physical and emotional availability to their families and increases the risk of burn out (Hardy, 2001) and mental health and behavioural challenges in their children. Again, clergy within the Ghanaian context have also reported using personal resources to care for the poor and needy in their congregation, further increasing the financial strain of the family (Bonsu, 2016; Nortey, 2019).

Again, frequent mobility has been found to have detrimental effects on children and adolescent psychological well-being. Some clergy report of inadequacy of time to prepare for the movement of their families (Nortey, 2019). The clergy children are therefore inadequately prepared psychologically to give up the familiar environment and old friends leading to disorientation and perceived loss of control over their lives (Hardy, 2001; Lau, 2002). Stress on parents due to mobility may also lead to abuse of the children. Studies have shown that children who have moved three or more times are about twice likely to experience emotional, behavioural, physical health or school problems than those who have never moved even when parent's income and other social factors are controlled for (Papalia, Olds & Feldman, 1999 as cited in Lau, 2002).

Many missionaries' (clergymen or women who leave their home countries to work in other countries) children have been found to suffer ongoing psychological problems of low self-esteem, grief and depression in adult life, the etiology of which have been explained by two models (Priest, 2003). The first and most significant one focuses on childhood trauma. According to Priest (2003), frequent relocation, separation from parents, abusive travelling situations and the likes cause pain, loss, fear, rejection and grief. Denial and idealization prevent these traumas from being acknowledged and processed in childhood, and they surface later in adult struggles. The second explains that when missionary children enter new environment where they lack the cultural competencies relevant for the cultural setting, it affects their interpersonal relationships and hence their psychological well-being. These findings emphasise the critical need for investigating how the perceived psychosocial stressors of adolescent children of the CoP in Ghana impact their psychological well-being. Specific research questions that arise from these include:

1. How will perceived psychosocial stressors of adolescent children of the clergy in the CoP in Ghana predict the experience of common mental disorders (depression and anxiety)?
2. How will perceived psychosocial stressors of adolescent children of the clergy in the CoP in Ghana predict their life satisfaction?
3. How will perceived psychosocial stressors of adolescent children of the clergy in the CoP in Ghana predict the experience of suicidal ideation?
4. How will age and geographical setting of clergy family moderate the relationship between perceived psychosocial stressors of adolescent children of the clergy in the CoP in Ghana and their psychological well-being?

5. What will be the differences in psychosocial stressors perception between male and female adolescent children of the clergy in the CoP in Ghana clergy children?

6. How will perceived psychosocial stressors of clergy parents predict perceived psychosocial stressors in their adolescent children?

7. How will perceived psychosocial stressors of the clergy work and nature of family interactions impact the lived experiences of adolescent children of the clergy in the CoP in Ghana?

2.3 Conceptual Framework

The quantitative phase of this research adopted a modified version of the Bronfenbrenner's Process-Person-Context-Time model to investigate the relationship between perceived psychosocial stressors of both the clergy and their children and the psychological well-being of the clergy children. It is a modified model in the sense that this research, being a cross-sectional study, could not assess the effect of time on the outcome variable under study. The proximal process under study is perceived psychosocial stressors of clergy children (Independent Variable) and the developmental outcome of interest is psychological well-being of clergy children, operationalized as the experience of depressive and anxiety symptoms, perceived life satisfaction and suicidal ideation (Dependent Variables). I considered the person characteristics of age of the clergy children as a moderator variable. I also considered the nature of the locality where the clergy family is stationed, whether city/large town, small town or village/farming community as a macrosystem construct, operationalized in this study as nature clergy family currently resides, that is whether they are in a large town or city, small town or a farming community as a moderator of

the relationship between perceived psychosocial stressors of clergy children and their psychological well-being.

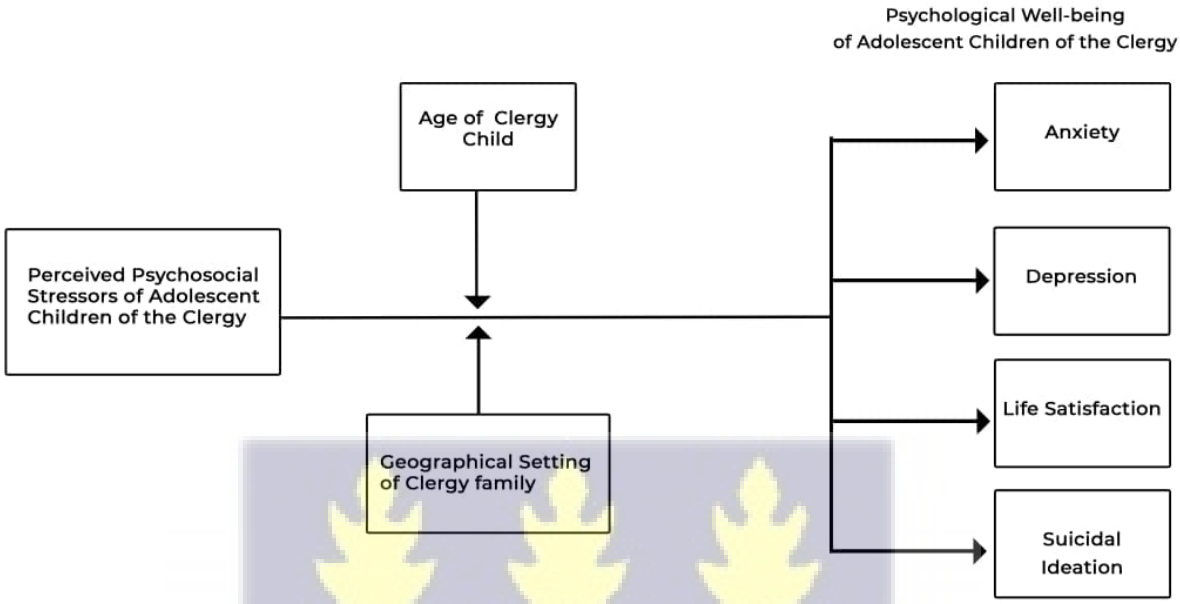

Fig. 2.2: Conceptual framework

2.4 Hypotheses

Drawing from the bioecological theory, family systems theory and the boundary ambiguity theory, I hypothesize that:

1. Perceived psychosocial stressors of adolescent children of the clergy in the CoP in Ghana will predict the experience of common mental disorders (depression and anxiety).
2. Perceived psychosocial stressors of adolescent children of the clergy in the CoP in Ghana will predict their life satisfaction.

3. Perceived psychosocial stressors of adolescent children of the clergy in the CoP in Ghana will predict suicidal ideation.

4. Age and geographical setting of clergy family will moderate the relationship between perceived psychosocial stress of clergy children and psychological well-being.

5. Female adolescent children of the clergy in the CoP in Ghana will have higher perceived psychosocial stressors than male adolescent children of the clergy.

6. Perceived psychosocial stress of clergy parents will predict perceived psychosocial stress in their children.

7. Perceived psychosocial stressors of the clergy work and nature of family interactions will impact the lived experiences of adolescent children of the clergy.

8. Psychological unavailability of the clergy father due to work overload can potentially result in the experience of boundary ambiguity of the Type II nature in clergy children.

2.5 Operational Definitions

Perceived Psychosocial Stressor: Psychosocial stressors are life situations that creates stress and have the potential to contribute to the development or aggravation of mental health challenges or maladaptive behaviour. These are stressors that relate to the individual's context, social interactions and personal resources(Gilman et al., 2013). In this study, perceived psychosocial stressors was measured by participants' appraisal of how they were affected or how upset they were in experiencing specific psychosocial stressors.

Psychological Well-being: Psychological well-being is a complex and dynamic construct. Different researches assess psychological well-being from different perspective but these

perspectives mostly involve increased positive affects and decreased positive affects as well as elements that assess optimal functioning (Charry, Goig, & Martínez, 2020). In this study, psychological well-being is operationalized by levels of depression, anxiety, stress, life satisfaction and suicide ideation.

Clergy: full-time clergymen in the Church of Pentecost. This does not include lay people who are paid or unpaid workers of the Church.

Clergy Children: Biological or legally adopted children of the clergy. Other children and relatives staying with the clergy family were excluded in the study.

Adolescents: This study adopted the WHO definition of adolescents, which is any individual in the 10 - 19years age group.

CHAPTER THREE

METHODOLOGY

3.1 Research Design

A sequential explanatory equal status mixed method approach was employed. The rational for the use of mixed method design is "grounded in the fact that neither quantitative nor qualitative methods are sufficient, by themselves, to capture the trends and details of a situation" (Ivankova, Creswell, & Stick, 2006; p. 3). Thus, the mixed method approach draws on the strengths of both the qualitative and qualitative approaches, providing "sufficient depth and breath", while at the same time compensating for the weaknesses of each (Dawadi, Shrestha, & Giri, 2021; p. 27). The sequential explanatory approach involves an initial collection and analysis of quantitative data, followed by the collection of qualitative data to explain or build upon the quantitative results (Creswell & Pioano Clark, 2007). It is well known for its advantage of being straightforward in its implementation and reporting as well as being beneficial for a sole researcher/investigator (Creswell & Pioano Clark, 2007; Dawadi et al., 2021). In the current research, the rational for employing sequential approach is that whilst the quantitative data will provide information on the relationship between the psychosocial stressors of clergy children and parameters such as their psychological well-being and the psychosocial stressors of their fathers, it also serves as basis for the selection of participants for the qualitative phase of the research. This is to ensure that experiences of clergy children are explored from a representative sample made of individuals whose experiences have had different degrees of impact so as to capture both person characteristics and contextual (family related and church related) issues that contribute to the mental health impact

observed in clergy children. The qualitative data also explored reasons for unsupported hypotheses.

The second phase, the qualitative study provided explanation on how these unique psychosocial stressors of clergy children are experienced in the Ghanaian context and the mechanism by which these stressors result in psychological problems within the research population.

3.2 Quantitative Phase

3.2.1 Population/ Sample

For the quantitative phase of the study, two hundred and thirty-three (233) participants made up of 111 clergymen in the CoP in Ghana who have spent not less than 5years in the clergy work and 122 clergy children aged 10-19years participated. These were drawn from all the administrative Areas of the Church of Pentecost in Ghana. The sampling method used was purposive sampling. A clergy participant was contacted from each of the 76 administrative Areas who helped to identify clergymen who meet the inclusion criteria of the study. The sample size for the quantitative phase was determined using the Tabachnick & Fidell (2007) method for moderating sample size criteria which is N > 50 + 8k, where k = all the predictors. Therefore, (N> 50 + 8*4) = N>82. The sample size of 237 which is greater than 82 is therefore adequate though smaller than the number of participants I intended to recruit for the research, which was 300. In all, 228 clergymen were contacted for the quantitative phase of the research, of which 111(49.6%) and 122 clergy adolescent children responded.

3.2.1.1 Inclusion Criteria for Clergymen:

- Must be a CoP clergyman working in Ghana

- Must have spent not less than 5years in the clergy work.
- Must have a child/ children aged 10-19years
- Less than 65years old.

3.2.1.2 Exclusion Criteria for Clergymen:

- Clergyman of any denomination other than the CoP or a CoP clergyman working outside Ghana
- Less than 5years in the clergy work.
- Have no adolescent child
- More than 65years.

3.2.1.3 Inclusion Criteria for Clergy Children:

- Father must be a CoP clergyman working in Ghana.
- Must be 10-19years old
- Must be intellectually competent to answer questions.
- Father must be not less than five years in the clergy work.

3.2.1.4 Exclusion Criteria for Clergy Children:

- Less than 10years or more than 19years.
- Father is less than 5years in the clergy work or more than 65years.
- Showing evidence of intellectual incompetency.

3.2.2 Measures

3.2.2.1 Perceived Psychosocial Stressors of Clergy Children was measured using Stressors of Clergy Children and couple, a shorter version of the Stressors of Clergy Children Inventory, developed by Ostrander, Ceglian, & Fournier (1993). It measures the extent to which experiences of clergy children are perceived as stressful. The scale is a 19-item scale with Cronbach alpha found to be .84 (Cutshall, 2000). Responses are scored on a 4-point Likert scale ranging from "Never upset" to "Highly upset" scored 1-4.

Principal factor analysis followed by varimax rotation yielded three scales namely: the Family's Public Life, Expectations and Family Isolation with percentage variance of 23.1%, 8.1% and 7.3% respectively (Ostrannder & Ceglian, 1993). The Family Public Life subscale has ten items including items such as "The Time our family spends praying/reading the Bible" and "Moving". The Expectations subscale has 5-items which include "Both parents work" and "Being told how to act by church people." The 4-item Family Isolation subscale has items such as "Not having a really good/close family."

3.2.2.2 Ministry Related Stressors of the Clergy was assessed using the Ministry Demand Inventory by Lee (1999). The Ministry Demand Inventory (MDI) is a 17-item inventory which measures the impact of ministry demands on the clergy and family. Principal component analysis with varimax rotation reveal four subscales: personal criticism, boundary ambiguity, presumptive expectations and family criticism (Lee & Iverson- Gilbert, 2003). The Personal Criticism subscale has four items which include "You were criticized face-to-face by a member" and "You were criticized personally by someone in a leadership role in the congregation." Items that make up the 5-item Boundary Ambiguity Subscale include "A member came by your home unannounced" and

"Time with your family was interrupted by a phone call." The Presumptive Expectation Subscale, made up of six items, measures the members of the congregation's or the church's expectation of the clergy person without due consideration of his priorities. Some of the items in this subscale are: "A ministry decision was made that affected you or your family but you were not consulted" and "Personal or family plans were interrupted by a personal crisis in the life of a member." The Family Criticism Subscale has only two items which are: "A member raised questions about how you or your family spend money" and "A member complained to you about someone in your family"

For each of the items, clergymen were asked to rate the frequency and severity of the impact it had on them. Frequency was reported on a 7-point Likert scale ranging from Did not happen to me (Scored 0) to Happened six or more times (Scored 6). Impact was reported on a 4-point Likert scale ranging from "Did not affect me" (Scored 0) to "Highly affected me" (scored 3). The alpha coefficient for the total scale has been report to be .82 for both frequency and impact ratings (Lee et al., 2003).

3.2.2.3 Measures of Psychological Well-Being

The Depression Anxiety Stress Scale (DASS-21)

This was used to assess the mental health of the both the clergy and the clergy adolescent children. This is a 21-item self- report scale with three subscales of 7-items each. The depression subscale assesses self-blame, loss of enjoyment and pessimism. The anxiety subscale assesses autonomic arousal, situational anxiety and subjective experience of anxiety. The stress subscale assesses difficulty relaxing, nervousness, agitation and irritability. The responses are reported on a 4-point Likert scale ranging from "Did not apply to me at all" (scored 0) to "applied to me very much or

most of the time" (scored 3). The DASS-21 has been validated on Ghanaian samples and found to have good psychometric properties (Oppong Asante, 2012). Arhin, Oppong Asante, Kugbey, & Oti-Boadi (2019) reported Cronbach alphas of .77, .88 and .82 for depression, anxiety and stress respectively. Some of the items on the Depression subscale included "I felt that life was meaningless" and "I found it difficult to work out the initiative to do things". The anxiety subscale has items such as "I felt I was close to panic" and "I experience trembling." Items on the stress subscale included "I tended to over-react to situations."

Students' Life Satisfaction Scale (SLSS) *by Huebner (1991)*

This was used to assess clergy adolescent children's self-appraisal of the over-all quality of their lives. The 7-item measure of global life satisfaction have been used in large scale studies of children and adolescents age 8-18years with a reported alpha coefficient of .86 for a sample of adolescents (Huebner, Suldo, & Valois, 2003). Responses are reported on a 6-point Likert scale ranging from "Strongly Disagree" to "Strongly Agree and scored 1-6 respectively. The total sore is obtained by reverse scoring items 3 and 4 and calculating the mean (Huebner et al., 2003). Empirical guidelines for determining cut-points for optimal, adequate or at risk levels of life satisfaction have not yet been established but one study predicted different developmental outcomes with the experience of stressful life events using a cut- point of 4.0 (Huebner et al., 2003). this research adopts this cut-point, with adolescents mean scores between 1 and 3.9 being low level of life satisfaction and those with mean score 4.0 and above having adequate level of life satisfaction. Some of the items in the Student Life Satisfaction Scale include "My life is just alright" and "I wish I had a different kind of life."

Suicidal Ideation Attributes Scale (SIDAS) by Van Spijker (2014)

This was used to measure suicidal ideation. This is a 5-point scale that measures suicidal ideas over the past month and assess the severity of the thoughts. Responses are reported on a 10-point scale scored 0 to 10. Total score is calculated by summing up the five items, with item 2 (which measures controllability) reverse scored. The total score ranges from 0 to 50.

The SIDAS has been found to have a high internal consistency, Cronbach alpha of .91. In a sample of 1,352 adults, all five items loaded on a single factor with an eigenvalue of 3.8 and accounted for 75.5% of total variance. A cut-off of 21 had 95.8% specificity of the presence of suicidal plan in the past year with 39.6% sensitivity and 94.9% specificity for attempt or preparation in the past year with 50% sensitivity (Van Spijker et al., 2014).

3.2.3 Procedure

I sought for approval first from the Office of Research, Innovation and Development, Ethics Committee for Humanities in University of Ghana. With the granting of the approval, I obtained an introductory letter from the Department of Psychology, University of Ghana, and sent it to the Office of the General Secretary, the Church of Pentecost Headquarters in Accra for permission to conduct the research within the Church. Following the granting of permission by the Church, an introductory letter was obtained from the Office of the General Secretary which was given to clergy participants along with the informed consent documents for clergy participant and parental informed consents for clergy parents whose participating adolescent children are below 18years old.

Data for the Quantitative study was collected first for analysis. To aid in the identification of clergymen who met the criteria for inclusion in the quantitative phase of the research, I contacted one clergyman in each of the 76 administrative Areas of the Church of Pentecost. These clergymen were either the Area Heads, the clergymen in charge of the Counselling Committee in the Area, the Area Secretaries or clergymen who I knew personally. The rational of the research was explained to these contact persons and were requested to help identify clergymen who fell within the criteria for inclusion in the research in their Areas. The permission letter from the Office of the General Secretary of the CoP, informed consent forms for clergy participants and parental consents for their adolescent children as well as the google link for the questionnaires for clergymen and questionnaires for the clergy children were sent to all the identified clergymen. Clergy participants were requested to share the google links with their children who fell within the adolescent age and were psychologically and intellectually competent to fill the questionnaires with little or no help.

The documents and google link sent to participants provided enough information on the research. The google form were designed such that participants could assess the questionnaires only after they had read thoroughly all the information and indicated their consent to participate in the research and allow their adolescent children (in the case of clergy parents) to also participate in the research. I provided my contact number for participants who needed further clarification. Three clergymen contacted me using the contact number provided. One Area Head organized a conference call with clergy participants within his Area which offered me opportunity to interact with the clergymen to address their concerns before they filled the questionnaires.

Clergy participants and their children were also required to create a family passcode which each member of the family participating in the research was to state in a space provided on the google

form. This family passcode had a minimum of eight characters and was to assist me identify questionnaires from the same family.

3.2.4 Analysis

Quantitative data analysis was done using the Statistical Package for Social Science (SPSS Inc., Chicago 20.0version). Cronbach's Alpha, mean score and standard deviation were measured for each of the scales to be used. Simple linear regression was employed to test hypothesis 1-3. Simple linear regression was also used for hypothesis 6. Modulation analysis was conducted to hypothesis 4, which explore the moderating effect of age and geographical setting of clergy family on the relationship between perceived psychosocial stress and psychological well-being scores. Hypothesis 5 was tested using independent t-test.

3.3 Qualitative Phase

3.3.1 Population/ Sample

Thirty (30) adolescent children of the clergy who participated in the quantitative study were participated in the qualitative phase of the study. Selection of participants was first based on consent given by clergy children and clergy parents (for clergy children below 18years) during the quantitative data collection phase. The last section of the google forms used for the quantitative data collection explained the next phase of the study and requested clergy children and clergy parents to indicate their consent to participate (in the case of clergy children) or allow their children participate (in the case of clergy parents) in the qualitative phase of the study. Those who indicated their consents were to leave their contact information. 108 clergy children and 101clergy parents gave their consents and their contact numbers out of which thirty (30) clergy children were interviewed. These participants were purposively sampled using their scores on the DASS-21,

SLSS and the SIDAS in order to explore the experiences of clergy children with varied levels of psychological well-being. Seven (7) out of the 30 clergy children who participated in the qualitative phase scored severe to extremely severe on the DASS-21 for anxiety, depression and stress. Out of the seven, four (4) females reported having suicide ideation once to more than six times within the past month. Nine (9) reported mild to moderate scores on the DASS-21, one of which reported having suicidal thoughts once in the past month. The rest had normal scores on the DASS-21 and SLSS and had no experience of suicidal ideation within the past month. There were three (3) tape failures which meant twenty-seven (27) interviews were available for analysis. All the interviews were analysed though saturation was reached before the twentieth (20^{th}) interview.

3.3.2 Interview Guide

Qualitative data for clergy children was collected with the aid of a semi-structured interview guide. The interview guide had 13 major questions. These questions were framed to explore the perceived advantages of the clergy children, unique psychosocial stressors of the clergy children, effect of psychosocial stressors on their mental and physical health, as well as their social lives, effect of these psychosocial stressors on their parents and other members of the family as well as their coping mechanisms. Some of the questions on the interview guide included: "Can you describe some of the key challenges you have faced or are facing being a clergy child?", "Have you ever wished you were not a clergy child before? (Tell me about that)" and "Have your experiences as a clergy child affected you in any way? Physical health, mental health, behaviour, relationship with others, education, etc."

Additional data for qualitative analysis was acquired from two open ended questions on the questionnaire for clergy participant. The questions were:

1. How do you think the clergy work affects your child/children?

2. What is your child/children's greatest concern/complain about your work as a clergyman?

These explored clergy participants' perception of the psychosocial stressors of their children and the effect of these stressors on their children.

3.3.3 Procedure

The qualitative phase of the research involved only clergy children. The google form used for the quantitative data collection gave clergy participants as well as their children opportunity to indicate their willingness or otherwise to participate (in the case of clergy children) or allow their children to participate (in the case of clergymen) in the qualitative phase of the research. Participants who gave their consents provided a telephone number with which they were contacted once they were selected for the second phase. Participants for the interview were sampled purposively using their scores on scores on the SIDAS, SSLS and DASS-21. Attempts were made to contact all clergy children who indicated having experienced suicidal ideation in the past month but out of the 16 clergy children who indicated having suicidal thoughts, I was able to get only four. Six did not provide their contacts. I arranged an interview on zoom with one but she failed on a number of attempts. The rest were not reachable.

I personally conducted all the interviews and they were all in English, though there were a few instances I had to ask questions in the local language (twi) to ensure clarity. The language of the interview was the choice of the clergy children. The interviews were either face-to-face or through the zoom application. Due to the covid-19 restrictions, only 8 of the interviews were interviewed face-to-face. The rest were interviewed using the zoom app. Minors were contacted through their clergy parents. The time and setting of the interviews were chosen in agreement with the

participants or their parents (in the case of minors) to ensure their comfortability. Siblings were interviewed separately. The interviews took 20 minutes to 70 minutes depending on the participants level of involvement. On the average, an interview took 40 minutes.

I ensured all participants had privacy from members of their families. Anonymity and confidentiality were also assured. All clergy children were informed of their right to decline answering any question they were not comfortable with and their right at any point from the interview. As a token of appreciation, gifts of drinks or internet data were given to participants.

3. 3.4 Analysis

Analysis of qualitative data was done using thematic analysis. Interviews were transcribed and anonymised, using participant numbers with the help of otter on-line transcription application. Having conducted and transcribed the interviews myself, I was familiar with the data prior to analysis. I therefore employed a deductive approach. Pre-determined themes were drawn based on literature and prior knowledge of data. Each transcription was coded line by line using the pre-determined themes. New themes were added as they emerged. Themes were labelled as minor/major and then clustered as a way of structuring the data. Themes were then reviewed and grouped until a final set of themes was obtained.

3.3.5 Reflexivity Statement

I am a wife to a clergyman in the CoP. Being a clergy spouse with three adolescent children, I came into this research with my personal experiences with the psychosocial stressors of the clergy work. I was also known to most of my participants because I worked in the Youth Ministry of the CoP with my husband who was the Director for eight years. During that period, I worked as a youth counsellor and facilitator in Guidance and Counselling in a number of training sessions so I had engaged in personal interactions with some of my participants. These offered both advantages

and disadvantages to my research. Being familiar with the CoP clergy gave me easier access to clergy families. Also, most of my participants opened up easily to me during the interview because of the trust. On the other hand, there were a few clergymen who declined participating despite assurances of confidentiality and anonymity for fear of their children opening up too much and compromising on the privacy of the family.

My being familiar with the psychosocial stressors of clergy work came with the tendency to assume I understood what the clergy children were communicating. Being aware of this, I frequently employed reflective skills to reflect meanings of statements to my participants for clarification. I was also aware of the tendency of some my participants to over-emphasize their stressors in order to feel being heard. I therefore in many instances requested participants to narrate specific occasions or personal experiences to clarify their views.

My own adolescent children were excluded from the interviews. Being guided by the interview guide which was reviewed by my supervisors also minimized personal biases during the interviewing process.

I have, in recent years, heard stories of two clergy families who experienced suicide of their adolescent children. These have made me somehow sensitive to clergy children with suicidal ideation. Working with two supervisors who are suicidologists also influenced my desire to interview as many clergy children with suicidal ideation as possible.

3.3.6 Validity and Reliability of Qualitative Results

Validity and reliability are very important in qualitative research. Whilst validity involves the trustworthiness of the research results, reliability ensures the replicability of the results. The validity and reliability of the research was first ensured through triangulation. Triangulation

involves approaching the research from multiple perspectives. Of the four types of triangulation proposed by (Denzin, 2015): data triangulation, investigator triangulation, theory triangulation and methodological triangulation; I employed methodological triangulation. The use of mixed method offered multiple approaches to the research question. It offers rich, in-depth data on the research and a comprehensive presentation of research results (Fusch, Fusch, & Ness, 2018).

Another strategy for ensuring validity of the research was the sampling of adolescent clergy children with different levels of psychological well-being. This ensured that the research findings are not biased towards a particular group. Moreover, the use of a research guide which were reviewed by my supervisors ensured that the questions were broad-based and not biased towards particular responses and minimize personal biases.

Again, themes derived from the interviews, meanings and sample quotes were presented in table and reviewed by my supervisors. The use of tables enhances transparency and clearly communicates "the robustness of the data backing the conclusions" drawn (Cloutier & Ravasi, 2021; p. 114)

3.6 Ethical Considerations

The research was non-invasive and not likely to cause any physical harm to any participant. A comprehensive explanation on the rational of the study was given to the clergy participants and their adolescent children. A formal consent was also sought from the clergy participants and clergy children above 18years. For clergy children below 18years, parental consent was formally sought while such individuals were given the opportunity to assent. Minors were contacted through their parents. Participants were made aware of their right to withdraw from the studies at any stage they wished to. Participants were assured of confidentiality and anonymity. Due to the Covid -19

pandemic and restrictions, questionnaires were administered in google form through WhatsApp messaging. Participants assessed the questionnaires only after indicating their willingness to give their consents to participate in the research.

Most of the interviews were also conducted on-line through zoom. Where there was face-to-face interaction, Covid-19 protocols such as wearing of nose masks, hand washing or use of hand sanitizers and social distancing were observed. None of the participants included in the research showed signs of ill-health such as running nose, cough, sore throat and fever.

CHAPTER FOUR

RESULTS

4.1 Quantitative Analysis

Preliminary analyses were first conducted before testing the hypotheses of the study. The data was screened and data transformations were computed involving the computation of total and subscale scores on the measures. Where required, reverse scoring was performed on item scores. The reliability of the scales, normality of the data distribution, group differences on the variables measured and demographic characteristics of participants were checked.

4.1.1 Descriptive Statistics, Normality and Reliability of Variables

In order to test the reliability of the scales, the Cronbach alpha coefficient was used. A value higher than .70 is required for the reliability of scores. The normality of the data was examined to check the skewness and kurtosis of the data. According to Tabachnick and Fidell (2007) a data is said to be normally distributed when the skewness values lie within the range of between -1.00 and +1.00 and the kurtosis values lie within the range of between -2.00 and +2.00. Preliminary analyses are summarized in Table 4.2

As shown in Table 4.2 below, the Cronbach alpha coefficient values of most of the tests range between α = .79 and α = .94, which demonstrates high reliability scores. The skewness values also lie between -.505 and 1.391 and the kurtosis values lie between -1.189 and 1.65. Pallant (2011) suggests that skewed scores do not automatically indicate problems with a test. Table 4.1 shows that in terms of gender distribution, there were more females than male participants in the children

sample (54.1% versus 45.9%). Majority of the respondents from the clergy children sample are between 10 and 14 years.

Table 4.1: Demographic Information

Variables	Category	Frequency/Percentage	
		Children (122)	Clergy (111)
Sex	Male	56(45.9)	
	Female	66(54.1)	
Age	10-14	67(54.9)	
	15-17	23(18.9)	
	18-19	32(26.2)	
	30-39		15(13.5)
	40-49		64(57.7)
	50-59		27(24.3)
	60 and above		5(4.5)
Level of Education	Primary	23(18.9)	
	JHS	52(42.6)	
	SHS	23(18.9)	
	Tertiary	24(19.7)	
	Senior Secondary		3(2.7)
	Diploma		10(9.0)
	Graduate		55(49.5)
	Post-Graduate		43(38.7)

Number of years of service	5-9	26(23.4)
	10-14	37(33.3)
	15-19	41(36.9)
	20-24	5(4.5)
	More than 25	2(1.8)
Description of Station	Rural Community	18(18.8)
	Small Town	32(33.3)
	Large Town/City	46(47.9)

Table 4.2: Summary of Means, Standard Deviation, Reliability, Minimum, Maximum, Skewness and Kurtosis of Variables

Variables	*M*	*SD*	Min	Max	α	Skewness	Kurtosis
PPSCC	14.28	9.44	0	39	.84	.975	1.050
SLSS	19.29	5.19	3	25	.79	-.505	-.304
CANX	7.64	7.99	0	40	.82	.986	1.770
CSTR	9.15	8.69	0	42	.83	.765	1.972
CDEP	7.77	8.88	0	38	.85	.8765	1.862
SUID	.78	2.44	0	17	.78	-.173	-1.189
MRSC	42.75	17.38	6	82	.86	-.701	0.82
PANX	7.59	7.64	0	36	.83	1.235	1.353
PSTR	10.78	8.52	0	36	.85	.919	.384
PDEP	6.65	7.54	0	32	.87	1.391	1.651

N_C(Clergy Children)=122; N_P(Clergymen)=111; PPSCC = Perceived Psychosocial Stressors of Clergy Children; SLSS = Student Satisfaction with Life Scale; CANX = Anxiety Subscale of the DASS for the Clergy Children Sample; CSTR = Stress Subscale of the DASS for the Clergy Children Sample; CDEP = Depression Subscale of the DASS for the Clergy Children Sample; SUIC = Suicidal Thoughts; MRSC = Ministry Related Stressors of the Clergy; PANX = Anxiety for the Clergymen Sample; PSTR = Stress for the Clergymen Sample; PDEP = Depression for the Clergymen Sample

Table 4.3: Pearson's correlation between Variables for Clergy Children Sample

Variables	1	2	3	4	5	6
1. PPSCC						
2. CANX	.46**					
3. CSTR	.51**	.87**				
4. CDEP	.48**	.70**	.77**			
5. SLSS	-.37**	-.54**	-.60**	-.68**		
6. SUID	.22*	.48**	.53**	.52**	-.52**	

NB: 122. 1= Perceived Psychosocial Stress of Clergy Children, 2= Anxiety, 3= Stress, 4= Depression, 5= Students Satisfaction with Life Scale, 6= Suicidal Thoughts. *p < .05 level (2-tailed) ** p < .01 level (2-tailed)

Table 4.4: Pearson's correlation between Variables for Clergymen Sample

Variables	1	2	3	4
1. MRSC				
2. PANX	.15			
3. PSTR	.21*	.84**		
4. PDEP	.14	.76**	.76**	

NB: 111. 1= Ministry Related Stressors of the Clergy, 2= Anxiety, 3= Stress, 4= Depression.

*p < .05 level (2-tailed) ** p < .01 level (2-tailed)

4.1.2 Test of Hypotheses

Hypothesis 1: Perceived psychosocial stress of clergy children will positively predict the experience of common mental disorders (depression and anxiety).

Simple linear regression analyses were used to assess the ability of perceived psychosocial stress of clergy children to predict anxiety and also to predict depression.

Hypothesis 1_A: Perceived psychosocial stress of clergy children will positively predict anxiety.

Table 4.5: Summary of Simple Linear Regression for Hypothesis 1_A

Variable	B	Std. Error	*β*	*t*	*p*
(Constant)	2.141	1.228		1.743	.084
PPSCC	.385	.072	.455	5.362	.000

Note. R^2 = .207

As shown in Table 4.5, perceived psychosocial stress of clergy children related significantly and positively to the experience of anxiety, β = .46, SE = .07, p <. 001, supporting hypothesis 1a. The hypothesized model was significant, F (1, 110) = 28.75, p <. 001, as perceived psychosocial stress of clergy children accounted for 20.7% of the variance in experienced anxiety.

Hypothesis 1_B: Perceived psychosocial stress of clergy children will predict depression.

Table 4.6: Summary of Simple Linear Regression for Hypothesis 1_B

Variable	B	Std. Error	*β*	*t*	*p*
(Constant)	1.388	1.350		1.028	.306
PPSCC	.447	.079	.475	5.656	.000

Note. R^2 = .225

As shown in Table 4.6, perceived psychosocial stress of clergy children related significantly and positively to the experience of depression, β = .48, SE = .08, p <. 001, supporting hypothesis 1_B. The hypothesized model was significant, F (1, 110) = 31.986, p <. 001, as perceived psychosocial stress of clergy children accounted for 22.5% of the variance in experienced depression.

Hypothesis 1 stated that perceived psychosocial stress of clergy children will positively predict the experience of common mental disorders (depression and anxiety). Perceived psychosocial stress of clergy children was able to predict anxiety and depression of clergy children. The more psychosocial stress clergy children perceive, the higher their anxiety and depression. Hypothesis 1 was thus supported.

Hypothesis 2: Perceived psychosocial stress of clergy children will predict their satisfaction with life.

To test the ability of perceived psychosocial stress of clergy children to predict their satisfaction with life, a simple linear regression was used.

Table 4.7: Summary of Simple Linear Regression for Hypothesis 2

Variable	**B**	**Std. Error**	***β***	***t***	***P***
(Constant)	22.212	.804		27.628	.000
PPSCC	-.205	.047	-.372	-.438	.000

Note. R^2 = .138

As shown in Table 4.7, perceived psychosocial stress of clergy children related significantly and negatively to the satisfaction with life, β = -.37, SE = .05, p <. 001, supporting hypothesis 2. The hypothesized model was significant, F (1, 118) = 18.904, p <. 001, as perceived psychosocial stress of clergy children accounted for 13.8% of the variance in life satisfaction. Thus, the hypothesis 2

which states that Perceived psychosocial stress of clergy children will negatively predict their satisfaction with life is supported.

Hypothesis 3: Perceived psychosocial stress of clergy children will predict suicidal ideation.

A factor analysis was conducted on the SIDAS measure. Items loaded on two factors. One factor which comprises items 1, 4, and 5 was subjected to reliability analysis which showed a strong reliability coefficient of α = .775. A simple linear regression was then conducted to test the predictive ability of perceived psychosocial stress of clergy children on suicidal ideation.

Table 4.8: Summary of Simple Linear Regression for Hypothesis 3

Variable	**B**	**Std. Error**	***β***	***t***	***P***
(Constant)	-.013	.401		-.033	.973
PPSCC	.056	.023	.215	2.365	.02

Note. R^2 = .046

As shown in Table 1_A, perceived psychosocial stress of clergy children related significantly and positively to the experience of suicidal ideation, β = .22, SE = .02, p <. 001, supporting hypothesis 3. The hypothesized model was significant, F (1, 116) = 5.595, p <. 05, as perceived psychosocial stress of clergy children accounted for 4.6% of the variance in experienced suicidal ideation.

Hypothesis 4: Age and geographical setting of clergy family will moderate the relationship between perceived psychosocial stress of clergy children and their psychological wellbeing.

Before testing this hypothesis, preliminary analysis was performed using Pearson Chi-Square test for Independence. The results for this initial analysis showed no significant relationship between age and geographical setting of clergy family, $\chi 2$ (4, n = 96) = 6.29, p = .179. Model 2 was thus chosen as the appropriate model for the analysis.

Hypothesis 4_A: Age and neighborhood socioeconomic context will moderate the relationship between perceived psychosocial stress of clergy children and depression.

A moderated regression multiple regression analysis was performed in SPSS using PROCESS Version 4.0 by Andrew Hayes. Age is a multicategorical variable with three groups: Younger Adolescent (10-14), Middle Adolescent (15-17), and Older Adolescent (18-19). Age was dummy coded and the Younger Adolescent group was used as the reference group. Neighborhood socioeconomic context is also a multicategorical variable with three groups: Rural Community, Small Town, and Large Town/City. Rural Community was used as the reference group for dummy coding.

Table 4.9: Results of Moderated Multiple Regression for Hypothesis 4_A

Variable	*B*	*S E*	*t*	*p*
(Constant)	1.622	1.825	.911	.365
PPSCC	-.089	.246	-.362	.718
W1	-2.022	2.237	-.904	.369
W2	3.714	1.861	1.995	.049
Int_1	.151	.278	.544	.588
Int_2	.476	.203	2.340	.022
Z1	4.069	2.222	1.831	.071
Z2	6.636	2.141	3.099	.003
Int_3	.312	.286	1.090	.279
Int_4	.471	.262	1.794	.077

Note. R^2 = .441; Outcome variable: Depression.;PPSCC = Perceived Psychosocial Stress of Clergy Children; W1= Older adolescents versus younger adolescents; W2= Middle adolescents versus younger adolescents; Int_1 = PPSCC X W1; Z1 = Large Town/City versus Rural Community; Z2= Small Town versus Rural Community; Int_3 = PPSCC X Z1;

Int_4 = PPSCC X Z2

The hypothesized model was significant, $F(9, 80) = 7.012$, $p < .001$, as perceived psychosocial stress of clergy children interacts with age and neighbourhood socioeconomic status to accounted for 44.1% of the variance in experienced depression. Thus, hypothesis 4_A which states that Age and neighborhood socioeconomic context will moderate the relationship between perceived psychosocial stress of clergy children and depression is supported.

As shown in Table 4.9, although perceived psychosocial stress of clergy children did not relate significantly to depression, B = -.089, $t(80)$ = -.362, p = .718; perceived psychosocial stress of clergy children interacted with age to significantly predict depression, B = .476, $t(80)$ = 2.340, p =.022.

There was a significant difference between older adolescents and younger adolescents on depression, B = 3.7, $t(80)$ = 1.995, p = .049. Older adolescents obtained higher scores on depression compared to younger adolescents.

There was also a statistically significant difference between children whose parents serve in smaller town and children whose parents serve in a rural community, B = 6.636, $t(80)$ = 3.099, p = .003 . Clergy children whose parents serve in smaller towns scored higher on depression compared to clergy children whose parents serve in a rural community. Clergy children whose parents serve in a large town/city scored higher on depression compared to clergy children whose parents serve in a rural community.

The interaction of perceived psychosocial stress of clergy children by older adolescents compared to younger adolescents was also significant, B = .476, $t(80)$ = 2.340, p =.022.

For younger adolescents whose parents serve in a large town/city, age and neighborhood socioeconomic context react to significantly moderate the relationship between perceived psychosocial stress and depression, B = .38, $t(80)$ = 2.79, p = .007. This is also the case for older adolescents whose parents serve in a small town, B = .698, $t(80)$ = 3.266, p = .002, and older adolescents whose parents serve in a large town/city, B = .857, $t(80)$ = 4.741, p = .000.

Hypothesis 4_B: Age and geographical setting of clergy family will moderate the relationship between perceived psychosocial stress of clergy children and anxiety. A moderated multiple regression was conducted to test this hypothesis. Table 4.10 shows a summary of the results.

Variable	***B***	***Std. Error***	***t***	***p***
(Constant)	1.622	1.825	.911	.365
PPSCC	-.089	.246	-.362	.718
W1	-2.022	2.237	-.904	.369
W2	3.714	1.861	1.995	.049
Int_1	.151	.278	.544	.588
Int_2	.476	.203	2.340	.022
Z1	4.069	2.222	1.831	.071
Z2	6.636	2.141	3.099	.003
Int_3	.312	.286	1.090	.279
Int_4	.471	.262	1.794	.077

Note. R^2 = .324; Outcome variable: Anxiety; PPSCC = Perceived Psychosocial Stress of Clergy Children; W1= Older adolescents versus younger adolescents; W2= Middle adolescents versus younger adolescents; Int_1 = PPSCC X W1; Z1 = Large Town/City versus Rural Community; Z2= Small Town versus Rural Community; Int_3 = PPSCC X Z1;

Int_4 = PPSCC X Z2

A moderated regression multiple regression analysis was conducted in SPSS using PROCESS Version 4.0 by Andrew Hayes. Age has 3 groups: Younger Adolescent (10-14), Middle Adolescent (15-17), and Older Adolescent (18-19). Age was dummy coded and the Younger Adolescent group was used as the reference group. Neighborhood socioeconomic context also has three groups:

Rural Community, Small Town, and Large Town/City. Rural Community was used as the reference group for dummy coding. Model 2 was selected for the analysis in PROCESS.

The model for the hypothesis was significant, $F(9, 79) = 4.208$, p <. 001, as perceived psychosocial stress of clergy children interacts with age and neighbourhood socioeconomic status to accounted for 32.4% of the variance in experienced depression. Thus, the hypothesis that age and neighbourhood socioeconomic context will moderate the relationship between perceived psychosocial stress and anxiety is supported.

As shown in Table 4.10, although perceived psychosocial stress of clergy children did not relate significantly to anxiety, B =. 13, t (79) =. 54, p =. 594; perceived psychosocial stress of clergy children interacted with age to significantly predict anxiety, B =. 47, t 79) =. 2.35, p <. 05.

For younger adolescents whose parents serve in a large town/city, age and socioeconomic status significantly moderated the relationship between perceived psychosocial stress and anxiety, B = .308, $t(79) = 2.27$, p = .026. This is also the case for middle adolescents whose parents live in a large town/city, B = .517, $t(79) = 2.017$, p = .047; older adolescents whose parents serve in a rural community, B = .590, $t(79) = 2.148$, p = .035; older adolescents whose parents serve in a small town, B = .708, $t(79) = 3.452$, p = .001; and older adolescents whose parents serve in a large town/city, B = .773, $t(79) = 4.416$, p = .000.

Hypothesis 5: Females will have higher perceived psychosocial stress than male clergy children. An independent t test analysis was conducted and results are summarized in Table 4.11

Table 4.11: Summary of Independent t-test results on Perceived Psychosocial Stress between Male Clergy Children and Female Clergy Children.

Variables	N	Mean	SD	*df*	*t*	*p*
Male	56	14.70	10.11			
Female	66	13.92	8.89	120	.449	.654

As shown in Table 5, the hypothesis that perceived psychosocial stress will vary as a function of gender was not supported, t (120) = .45, p =. 654. Therefore, hypothesis 5, which states that males will experience significantly high levels of perceived psychosocial stress (M = 14.70, SD =.10.11) than their female counterparts (M =13.92, SD = 8.89) was not supported.

Hypothesis 6: Perceived psychosocial stress of clergy parents will predict perceived psychosocial stress of clergy children.

Table 4.12: Summary of Simple Linear Regression for Hypothesis 6

Variable	B	S E	*β*	*t*	*p*
(Constant)	12.579	2.510		5.012	.000
MRSC	.040	.054	.073	.731	.467

Note. R^2 = .005; Outcome variable: PPSCC; MRSC = Perceived Psychosocial Stress of Clergy Parents

Table 4.12 shows a summary of the results of a simple linear regression conducted to test the ability of perceived psychosocial stress of clergy parents to predict perceived psychosocial stress

of clergy children. The results showed that perceived psychosocial stress of clergy parents was not a significant predictor of perceived psychosocial stress of clergy children $R^2 = .005$, $F(1, 99) = .534$, $p > .05$. Thus, hypothesis 6 was not supported.

4.2 Qualitative Analysis

Qualitative data for clergy children was obtained with the aid of a semi-structured interview guide. The interview explored the lived experiences of participants and how the experience of psychosocial stressors of the clergy work affects them. Specific areas explored included perceived advantages of clergy children, unique psychosocial stressors of clergy children, effect of psychosocial stressors on their mental and physical health, as well as their social lives, effect of these stressors on their parents and other members of the family. Below is the analysis of 27 interview transcripts.

For clergy participants, qualitative data was obtained from two open ended questions:

1. How do you think the clergy work affects your child/children?

2. What is your child/children's greatest concern/complain about your work as a clergyman?

These explored clergy participants' perception of the psychosocial stressors of their adolescent children and the effect of these stressors on their psychological well-being.

Table 4:21 Demographics of Clergy Children Participants for Qualitative Phase

Gender	Males (MCC)	9
	Female (FCC)	18
Age	10-14 years	14
	15-17years	6
	18-19years	7
Region Parents are stationed	Greater Accra	7
	Ashanti	6
	Eastern	5
	Northern	4
	Volta	1
	Ahafo	1
	Central	1
	Savannah	2

4.2.1 Coded Themes from Interview of Clergy Children

Table 4:14 Summary of Coded Themes

Coded Themes	Subthemes	Meanings	Selected Quotes
Psychosocial stressors	Unrealistic High Expectation	High moral expectation	"The church and the society, they have this perception that because your dad is a pastor you are supposed to be perfect" (FCC, 19years old, Ashanti)
		High Academic Expectation	"They think that pastor's children are always intelligent." (FCC, 14years old, Central Region)
			"In teens class, they want you to answer every question" (FCC, 13years old, Ashanti)
		High expectations on church contributions	"People think if you are a pastor's child you have to take part in some church activities; singing, drumming, playing of tambouring" (FCC, 17years, G. Accra)

		Expectation to always be in church	"It was a Friday evening programme and I requested not to come to church and the Sunday I went to church it was like that was forever that I did not go to church… I was being blamed that I'm a pastor's child so I should always be active in church" (MCC, 14years, G. Accra)
	Negative stereotypes	Bad perception about morality	"They have just put a tag on pastors' children that they are bad." (FCC, 13years old, G. Accra)
	Boundary Ambiguity	Spill-over of issues from church to the clergy home	"Some of them, they went for a meeting and their point of view was not taken, so they tend to bring it on you, the children." (FCC, 19years old, Savannah)
		Boundary Violations	"The District Women's leader came to the house, then one of my sisters was going outside for something, the woman told my mum that why is it that nowadays our hair is so busy and they are not doing anything about it." (FCC, 19years old, Eastern)

		Privacy violation	"Anybody can come home at anytime and sometimes you have to stop whatever you are doing." (FCC, 18years old, Ashanti)
		Perceived Psychological Absence	"He is very busy and his mind is always on other things." (FCC, 13years old, Ashanti)
	Frequent Relocation	Leaving of Friends	Sometimes I will be missing my friends (MCC, 14years old, Northern Region)
		Difficulties in maintaining friendships	"Ɛmma adamfo fa nyƐ dƐ [It doesn't make friendships sweet] You make friends and you leave them."(MCC, 15years old, Eastern Region)
		Interruptions in education	"It caused me to repeat a level"(MCC, 14years old, G. Accra)
		Family Separation	"When they went to the first station, we went to stay with our grandmaa." (FCC, 13years old, Ashanti)
		Relocation stress	Sometimes they pack the bed and you don't even get somewhere to sleep and

			sometimes midnight then the car will come. (FCC, 14years old, G. Accra)
	Financial Difficulties		"like this semester, when we reopened school, I came a week later because daddy was not financially stable." (FCC, 18years old, Eastern)
Perceived Effect on Clergy Fathers	Stress	Physical Stress	He wasn't even well and he's still having meetings, all night and all that. (FCC, 19years old, Volta)
		Psychological Stress	"There was this time that an issue came and you could see that they [her parents] were emotionally stressed. Even if they don't tell you, you could see." (FCC, 19years old, G. Accra)
Effect on Family function and family dynamics	Work family-conflict	Unavailability of father in the home	He does not stay home. When he comes from one place, he will go to another place. (FCC, 10years, G. Accra)
		Inability of clergy father to perform some family roles	When we go to school, Daddy is the one who always comes to pick us. But sometimes some meetings block him and

			he will come late and we will be hungry." (FCC, 14years old, Northern)
	Parenting Problems	High expectation from Parents	"He was angry that I did not do well like first to fifth and I said I wish I was not a pastor's child. There are some of my friends whose grades are below mine but their parents do not give them pressure like my father does."(FCC, 12years old, Ashanti)
		Relational Problems	"Some pastors and wives, they don't really open up to their children, you can't easily talk to them as a friend. You can easily talk to an outsider openly more than to your parents because either they are busy or what you are saying is not right" (FCC, 19years old, Volta Region)
		Restrictions	"My parents will be like don't go out but by all means you will need something outside and you will have to go. When you go, there is trouble." (FCC, 14years old, Central)

Effect on Physical, Mental Health and Behaviour	Physical Stress	Stress of hosting visitors	"The work in the house, at times is too stressful. Because it's a mission house you always have to ensure the place is very neat because people are coming in and going." (FCC, 19years old, Savannah)
	Psychological Stress	Stress resulting from unrealistic congregational expectation	"It's stressful because you try a lot to bring your good behaviour. You try as much as possible in anything you do, you have to be good." (MCC, 14years old, Northern Region)
	Anxiety	Worries about safety of parent	"the accidents, I'm always anxious whenever they travel." (FCC, 18years, Ashanti)
		Worries about the future if parents accidentally lose their lives	"I sometimes get afraid because let say, I'm not wishing for it, but I don't know what next if daddy or mummy are no more." (MCC, 14years old, G. Accra)
	Depression	Depressed feelings	"And because of transfers, it doesn't make you always stay with them…sometimes I

			feel like crying." (FCC, 14years old, Central)
	Decreased Autonomy	In ability to be themselves	In some way you cannot do what you want to do. They always have a certain way for you to follow. And they will be like "Osofo ba paa?" (translated "a pastor's child?")." (MCC, 18years old, Ahafo)
	Suicidal Ideation		"Because I need some of the things and when I tell him he forgets… It was when I needed something and I didn't get it and I was questioning why am I in this world and somethings don't go right for me. But I didn't make an attempt to do it."(FCC, 13years old, Ashanti)
	Relational Difficulties	Difficulties in initiating friendships	"It's hard to make friends. They see you to be exceptional and the elders will be talking to you using please and other humble languages. So it's really hard to approach the other youth." (MCC, 19years, Ahafo)

	Reduced admiration for the clergy profession		"With what I have seen with my own eyes, I don't think I will want to be a pastor when I grow up." (MCC, 12years, Eastern)
	Low self confidence		"Sometimes you want to do something, not something evil, but the environment itself is such that you have to be reserved." (FCC, 19years old, Savannah)

4.2.2 Summary of Qualitative Results

4.2.2.1 Perceived Advantages:

All clergy children who participated in the qualitative study perceive their experiences as clergy children as unique compared to their colleagues whose parents are not clergy. Statements such as "Sometimes I feel like if we could get back to our normal lives, the way we were before ministry…" (FCC, 18 years old, Eastern) shows that the life of the clergy family is perceived as not a normal way of life. Clergy children (n = 12) perceive the staying in a mission house as an advantage. They (n=18) also perceive adequate levels of congregational support. "Sometimes you get things free of charge…; for instance, electricity, water and sometimes food" (FCC, 16years, Savannah) and "Some of them buy clothing for us" (FCC, 16years, G. Accra). Some clergy children (n= 9) also perceive special treatment from members of their congregation and the society which is a reflection of the respect they have for their fathers. "They treat us like the way they treat our parents. They treat our parents with respect. (FCC, 14years, G. Accra). To say that

"Everywhere you go you are recognized… especially if your daddy is known there." (FCC, 19years, Ashanti) shows that they enjoy some special attention. Some also think that the respect people have for the clergy also makes it easy for them to be trusted with leadership positions. Others (n=9) also think that being a clergy child itself puts them in a leadership position where they either have to take up some leadership responsibilities in the church or become an example to their peers. Most of the clergy children, perceive they have an advantage to receive good Christian and moral training. Some (n=6) perceive themselves as ministry partners to their parents: "It helps with your spiritual life. Since we are all into the ministry, you have to be strong spiritually so that any spiritual attack you can also overcome." (FCC, 19years old, Savannah). Others also see their father's work as providing them opportunity to have diverse training experiences including home management and hospitality (n=5).

4.2.2.2 Perceived Psychosocial Stressors:

Unrealistic High Expectations:

Most of the clergy children (n=26) interviewed perceive high moral expectation from members of the congregation. While few (n=2) perceive this as expected because of the privilege of being trained in a Christian home, the rest perceived the expectation as unrealistic and expect their mistakes to be accommodated by members of their fathers' congregation. Clergy children (n=4) perceived their lives as being used as a measure of their fathers' effectiveness in Christian leadership: "If you don't dress well, if you don't speak well, it has direct influence on our parents. They won't respect your father or mummy because they will be like 'if you can't manage your home then how can you be able to manage a congregation.'" (FCC, 19years old, Savannah). Some clergy children (n=8) also perceived unrealistic expectation from their peers and members of their congregation in relation to their intellectual capacity which result from positive stereotyping.

Being expected to answer every question in teenage class or memorize more bible verses is not only a reflection of what they have been taught by their parents but also their intellectual capacity to engage, memorize and reproduce what they have been taught.

Clergy children (n=4) also perceived unrealistic high expectation concerning their participation in church activities. Apart from expectations to be always present in church meetings, they are also expected to play certain roles to support the ministry of their fathers. The expression "as other people's children are doing it, you the pastor's child you are standing there" (FCC, 17years old, G. Accra), connotes a perception that supporting with church work is the responsibility of the clergy children.

Boundary Ambiguity:

Clergy children perceive microsystem/ exosystem incongruence which is reflected in the spill-over of grievances of leaders from presbytery meetings to the children: "…some of them, they went for a meeting and their point of view was not taken, so they tend to bring it on you, the children." (FCC, 19 years old, Savannah). The results also showed a perception of type II boundary ambiguity characterized by perceived psychological absence of the father: "Sometimes I feel sad about my father doing plenty work and not getting more time in the house to do somethings for me…He is very busy and his mind is always on other things." (FCC, 13years old, Ashanti)

This was reported by two female clergy children.

Frequent Relocation:

All clergy children interviewed mentioned relocation as a psychosocial stressor. Some of the themes associated with relocation included the pain of leaving friends, difficulties with adapting to new environment, stress of packing and travelling to new station, having to stay away from

parents sometimes due to the problem of finding a new school of similar standard in the new station and anxieties about new place.

Where the educational standard is higher than previous school, in cases where the family moves from a farming community or a small town with lower infrastructural capacity to a city, there is the possibility of having to repeat levels.

To say that "Ɛmma adamfo fa nyƐ dƐ" translated "it does not make friendships sweet" (MCC, 15years old, Eastern) reflects the pain of not being able to maintain friendships due to relocation.

Financial Difficulties:

Some of the clergy children (n=2) perceive financial difficulties their parents encounter. To say "sometimes I wish we could go back to our normal life, before ministry…" means the father earned more and the family was financially more resourced before ministry than now.

4.2.2.3 Perceived Effect on Clergy Father:

Most clergy children (n=28) perceive the inability of their fathers to have adequate rest due to work overload and frequent meetings resulting in intense physical stress as the major challenge with the clergy profession. This has been linked to feelings of anxiety by some clergy children due to the perceived detrimental effect of stress on the health and safety of their parents. Some (n=2) also report psychological stress during periods when they encounter challenges with work. The statement: "Even if they don't tell you, you could see." (FCC, 19years old, G. Accra), shows attempts by the clergy parents to hide their emotional struggles from their children.

4.2.2.4 Perceived Effect on Family Function and Dynamics

Work-family conflict

Clergy children (n=8) also perceive their fathers' inability to perform some family responsibilities due to work demands. To say that they "take the work to their heart more than the needs of the kids… It's always the church, the church, the church" (FCC, 19years old, Volta Region), shows a tendency to sacrifice family time for the church.

Parenting Problems

Clergy children perceive that the demands of the clergy work affect their relationship with their parents. The frequent absence of their parents from the house due to clergy work demands was noted by most clergy children (n= 18) as a negative impact of the clergy work on the family. "Sometimes when you have hard homework and he is the only person who knows it but he is not there or he hasn't come back from work, you just have to do it alone. It feels sad… he doesn't have time for us." (FCC, 11years old, G. Accra) shows that some clergy parents support their children academically and their absence impact their academic work. Others also perceive high expectation from parents with regards to areas such as their spiritual life and their academic life. Clergy children also perceive high restriction from their parents in their efforts to protect their children from church and public scrutiny: "Some rules can be very hard. Like not going out when the Women's Ministry people come around. My parents will be like don't go out. But by all means, you will need something outside and you will have to go. When you go, there is trouble." (FCC, 14years old, Central). During certain church programmes, the Women's Ministry leaders take up the responsibility of cooking and serving visitors. To prevent their children from going out when the Women's Ministry leaders are in the mission house or parsonage is either to prevent the

children from interfering with the activities of the church leaders or to protect the privacy of their home.

4.2.2.5 Effect on Physical, Mental Health and Behaviour of Clergy Children

Most clergy children (n=23) perceive both physical and psychological stress as a result of the demands of their fathers' work. Whilst the physical stresses arise from the assistance they offer their parents in the home and their involvement in church activities, psychological stress is mainly a consequence of the high congregational and parental expectations. The statement "For them too any little thing you do they will be seeing it as a broad thing" (MCC, 19years old, Ahafo) shows that clergy children perceive their mistakes are exaggerated by the members of the congregation.

Clergy children (n=5) also experience anxieties about the safety of their parents. The risk of accidents when their clergy parents have to drive stressed or late in the night is a source of worry to the children. Clergy children (n=3) also report anxieties about not knowing where next the family will be relocated and concerns people raise about new station.

Most clergy children (n= 26) reported depressed feelings with their experiences. These relate to situations such as the frequent absence of their parents from the home, separation from the family due to relocation, the inability of their parents to perform some of their parental roles due to demands on their time and times parents encountered setbacks in their ministry.

Some clergy children (n=12) also reported decreased levels of autonomy in meeting the high congregational expectations. The statement "osofo ba paa?" (translated, "a pastor's child?") means the person is not giving a good account of him/herself as a pastor's child. In other words, either you are not a good member of the clergy family or your father is not a good clergy man. This is

perceived 'harsh' by some pastors' children and has the tendency to cause some to pretend, force others to do things against their wish or withdraw in other to avoid public scrutiny.

Clergy children (n=2) also reported suicide ideation resulting from the experience of some psychosocial stressors of the clergy work. These included perceived psychological absence of father which makes father forget needs discussed with him:

"Because I need some of the things and when I tell him he forgets… It was when I needed something and I didn't get it and I was questioning why am I in this world and somethings don't go right for me. But I didn't make an attempt to do it."(FCC, 13years old, Ashanti),

and high expectation from parents:

"He was angry that I did not do well like first to fifth and I said I wish I was not a pastor's child. There are some of my friends whose grades are below mine but their parents do not give them pressure like my father does." (FCC, 12years old, Ashanti)

Some clergy children (n=3) also report their reduced admiration for the clergy profession of due to the stressors of the profession. To say that "with what I have seen with my own eyes" (MCC, 12years, Eastern) shows the decision is based on either his observation of his parents or his own experience as a clergy child.

4.2.2.6 Coping Strategies

Clergy children use various coping strategies to manage the psychosocial stressors they encounter. Most older adolescents reported being emotionally indifferent to the common stressors due to frequency of experience: I'm used to it" (MCC, 19 years old, Ahafo).

Many also cope through cognitive reconstruction. They re-interpret the stressors as towards a positive outcome. Some, especially those with ministry aspirations, have accepted the nature of their father's work and the stressors that come with it. Many also cope through the support from their mothers.

4.2.3 Coded Themes from Clergy Participants (CP)'s Responses

Table 4:15 Summary of Coded Themes and Subthemes from the Responses of Clergy Participants

Coded Themes	Subthemes	Selected Quotes
Negative Effects of clergy work on children	Effect on children's education	Sometimes they move from a more appreciable school to the less, but sometimes too, the good happens with the vis versa (CP serving in a large town in Ashanti Region).
	Privacy Violation and Intrusions	The privacy they don't have, periodically moving them out of their room to receive visitors (CP serving in a city in Ashanti Region).
	Loneliness	They always feel lonely (CP serving in a small town in Ashanti Region).
	High Expectations	Their requirement to lead exemplary lifestyle curtail their freedom (CP serving in a rural community in Central Region).
	Reduced Autonomy	Do not always have their way to do what they wanted (CP serving in a small town in Central).

Effect of clergy work on Family Function and Dynamics	Inadequate time to spend with children	They sometimes don't get me if [they] want to personally have time with me as their father CP serving in a small town in Volta Region).
	Inadequate attention for children	The time they may need my attention, I will be with ministry work (CP serving in a small town in Eastern Region).
	Inability to supervise children's academic work	Less time to interact with them and also assist them in their homework (CP serving in a small town in Central Region).
	Negative effect on grooming of children	Due to transfer, they have to stay outside our homes. This is not making me groom them the way I want (CP serving in a rural community in Western Region).
	Reduced family bond	At a point in time in ministry, I don't have close relationship with the children due to separation as a result of transfer (CP serving in a city in Greater Accra).
	Inadequate financial resources	"Not able to provide all their needs always" (CP serving in a city in Northern Region).
Health concerns and concerns about the future	Concerns about the health of their father	"They think we don't rest, we don't have [time] to eat and also no time to engage them" (CP serving in a small town in Eastern Region).

	Concerns about the future	"To finish my service as God wanted" (CP serving in a large town in Eastern Region).

4.2.4 Meanings of Themes

4.2.4.1 Positive Effects on their children

Some clergy participants (n= 8) reported positive effects of their profession on the lives of their children. These intimated that their work as clergymen helps in the spiritual development of their children through the consistent devotional life of the family and the Christian examples they are in constant interactions with. To say that "Well. They have a direct Christian example to learn from" (CP serving in a large town in Eastern Region) may mean the clergy participant himself serves as a Christian example for his children.

Some clergy participants also reported positive effect of the clergy profession on the social and moral life of their children. The acceptance of their role as ministry partners in the ministry of their fathers make clergy children discipline and conscious of their interactions with others.

4.2.4.2 Negative Effect on their Children

Most Clergy participants (n=109) reported negative effects of the clergy profession on their children. Frequent changes in their schools due to frequent transfers and their inability to supervise their children's academic work due to work overload may cause a decline in their academic performance. Changes in their schools also come with their accompanying adaptation problems, losing of friends and changes in the quality of education received.

Some clergy participants also reported intrusion in family time by members of the congregation and violation of the privacy of their children. Members of the congregation may visit the clergy family without prior notice and the clergy family have a moral obligation to attend to them. The children having to vacate their rooms to host visitors means the residence of the clergy may not have adequate facilities to host visitors who may stay for some days though the clergy family is expected to do so.

Some clergy participants also report that expectations of their children to serve as good examples to others sometimes takes away their freedom to be themselves.

4.2.4.3 Effect on Family Function and Dynamics

All the clergy participants reported the negative effect of their profession on the quantity and quality of time they spend with their children. Clergy participants report this as a major concern of their children. The children may be left on their own or in the care of other family members. Again, when the clergyman is transferred to a rural community or a small town where the standard of education is low, he may be forced to leave his children with other family members or friends in the city or large town where the children can receive better education. Some clergy participants reported their dissatisfaction with their children's moral and spiritual grooming due to their inability to make adequate time for them. Clergy participants also reported their dissatisfaction with their closeness with their children due to work-family conflict and family separation resulting from relocation.

4.2.4.4 Health Concerns and Concerns about the Future

Clergy Participants also report their children's concern about their health due to work overload: "They think we don't rest, we don't have [time] to eat and also no time to engage them" (CP serving

in a small town in Eastern Region). “To finish my service as God wanted” (CP serving in a large town in Eastern Region) is a concern for the clergy father to successfully discharge their duties to their retirement age. It also presupposes that premature disengagement from the clergy work due to ill-health, premature death or any other reason is perceived as against God’s plan.

4.3 Integration of Quantitative and Qualitative Data

Both the quantitative and qualitative analysis support the hypothesis that perceived psychological stressors of adolescent children of the clergy will positively predict the experience of depression, anxiety and suicide ideation. The qualitative data provided evidence of unique experiences of clergy children which may lead to the experience of depressed symptoms, anxiety and suicidal ideation.

Both quantitative and qualitative analysis also supported the hypothesis 2 that states that perceived psychosocial stressors of clergy children will negatively predict life satisfaction. Clergy children’s acknowledgement that they sometimes wish they either were not clergy children or their fathers were not clergymen during the qualitative data collection may also be an indication of their dissatisfaction with some experiences they have as clergy children.

The qualitative data also provide information for the explanation of the non – significant differences between male and female adolescent children as well as the reason why psychosocial stressors of clergymen could not predict psychosocial stressors of their children. The integration of the qualitative and quantitative data provide a wider and in depth understanding of how perceived psychosocial stressors of the clergy impact the psychological well-being of their adolescent children.

CHAPTER 5

DISCUSSION AND CONCLUSION

5.1 DISCUSSION

The research set out to explore the impact of perceived psychosocial stressors of the clergy work on the psychological well-being of adolescent clergy children. The qualitative data provided evidence that clergy children in the CoP in Ghana experience similar psychosocial stressors as reported in the literature on clergy children. Clergy children in the CoP reported experiencing high unrealistic expectations, frequent relocations, boundary ambiguity and financial problems. This confirm the appropriateness of the Stressors of Clergy Children and couple by Ostrander, Ceglian, & Fournier (1993), which was designed based on exploratory work on clergy families in the Western context, for Ghanaian samples. The Cronbach alpha obtained in the current study was .84.

The quantitative analysis showed that perceived psychosocial stressors of clergy children is a significant positive predictor of depression, anxiety and suicidal ideation. These findings were supported by the qualitative data which provided evidences of the experience of depressive and anxiety symptoms as well as suicidal ideation in clergy children as a result of perceived psychosocial stressors relating to the clergy work. High expectation from members of the congregation, parents and society, separation from family due to relocation, loneliness and inability of clergy parents to perform some fatherly roles were reported to be situations that may produce depressed feelings in clergy children. Relocation, concerns about the effect of work stress on the health and safety of clergy father as well as concerns about personal future security in the event of death of clergy parent may also lead to anxieties in clergy children. These findings are consistent with studies such as that of Anyan & Hjemdal (2016), Lindholdt et al. (2021), Molina

et al. (2006) which relate adolescent perceived psychosocial stressors to negative mental health outcomes.

The finding that clergy children in the Church of Pentecost experience anxieties relating to the health and safety of their clergy parent is an addition to literature on clergy children. This was reported not only by clergy children but clergy participants also. One possible explanation for these anxieties is that, clergy children perceive the psychosocial stressors of the clergy work as detrimental to the health of their parents. Apart from the fact that most clergy members are the bread winners of their families, the absence of the clergy father, in the event of death, brings drastic changes in the families' social and economic status and erode the clergy child of that feeling of 'specialness' and reflected respect they receive from members of the congregation. Thus, attached to the concern for the security of their clergy fathers is concern for their own future security.

Consistent with studies such as Moksnes & Haugan (2015), the results also showed that perceived psychosocial stressors of clergy children negatively predict life satisfaction accounting for 13.8% of the variances in life satisfaction. Life satisfaction is a very important construct which reflect the individual's appraisal of his/her overall quality of life and has been found to relate to emotional, social and behavioural outcomes in adolescents. Though reduced life satisfaction is sometimes considered as a normal developmental issue in adolescence due to the many changes and challenges adolescents encounter, family-related stressors and poor parent-child relationship has been found to significantly impact adolescent life satisfaction (Chappel, 2011; Kwan, 2008). Clergy children who understand and accept their father's profession as a call and have a shared sense of mission as being part of their fathers' ministry team seem to better cope with the stressors of the clergy profession and therefore have a higher level of satisfaction with life despite the experiences of psychosocial stress. This has implications for clergy fathers to communicate clearly

their understanding of and motivations in the clergy profession; and create opportunities for family engagement in order for their children to share in their philosophy of ministry. This will also reduce ambiguity in expectation and help secure intra-familial boundaries as family members, especially adolescent children, will have opportunity to negotiate the extent of involvement in church roles while still upholding the values of the family. Training of clergy should also involve educating the clergy on the impact of their profession on their families and appropriate family engagements that will ensure the psychological well-being of members of their families. More data is however, needed to assess protective factors of clergy children and to assess how family dynamics such as shared meaning of ministry purpose and family cohesion affect psychological well-being of clergy children.

The finding that clergy children experience Type II boundary ambiguity, which is characterized by physical presence but psychological absence, is an addition to literature on clergy families. Work stress may lead to perception of psychological absence by other family members which may manifest in forgetfulness and disconnection with family members.

The current study also revealed that age and neighbourhood socioeconomic context react to significantly moderate the effect of perceived psychosocial stress of clergy children and common mental health disorders (depression and anxiety). Significant difference was found between older and younger adolescents with older adolescents having higher scores on depression than younger ones. This is inconsistent with studies such as that of Seiffge-krenke, Aunola, & Nurmi (2009) which found stress perception to decrease in late adolescence. This may be because high expectation (high moral expectation and high expectation to contribute to their fathers' ministry) which was the most reported psychosocial stressor in the current research (n =26) and reported to be the main cause of psychological distress and depressive systems in clergy children may be

perceived higher in older adolescents than younger adolescents. Younger adolescents (10-14years) are likely to be considered as too young to play any significant role in the church by the congregations.

The finding that adolescents whose parents live in the city/ larger towns scored higher on depression than those whose parents serve in rural communities is consistent with Peen, Schoevers, Beekman, & Dekker (2010)'s finding that urban rates for psychiatric disorders, specifically depression are higher than rural rates . Urban living has been found to have increased mental health risk due to increased cost of living, increase traffic jams which affect sleep and family interactions as family members tend to spent more hours outside the home.

The current study also showed no significant differences between male and female adolescent clergy children in perceived psychosocial stressors which is inconsistent with studies such as that of Andersen et al. (2017) and Hampel & Petermann (2006) which found psychosocial stressors such as unsecured environment and interpersonal stress to be associated with higher psychosocial stress perception in adolescent girls compared to boys. The insignificant difference found in the current study may be due to the nature of clergy work in the CoP, being for males, which may shift significant attention on male clergy children regarding high expectation to be involved in church leadership or contribute to their father's work. Consequently, while females may perceive more stress regarding the inadequate time and attention from clergy parents, males are more likely to perceive stress in relation to church leadership and involvement.

Contrary to expectation drawn from the family systems theory, perceived psychosocial stress of the clergy was not a significant positive predictor of perceived psychosocial stress in their children. Two reasons may account for this finding. First, clergymen's perception of their profession as a call with eternal blessings which requires sacrifice may enhance their own coping and reduce stress

spill-over to their children. Again, there was evidence of physical and emotional support from their spouses. This was also reported by clergymen in the CoP in an earlier study, that their wives many times assist them in managing work-family conflict by standing in for them in the home (Nortey, 2019). There was, however, qualitative evidence that perceived stressors of clergy fathers had a negative impact on perceived psychosocial stress and psychological well-being of their children.

Psychosocial stress studies reveal that the effect of work-related and work-family conflict on children is not direct but indirect through its impact on parent-child relationship, parenting behaviour and other interactions within the family (Strazdins et al., 2013; Vahedi et al., 2019). Consequently, a more comprehensive quantitative assessment of the effect of psychosocial stressors of the clergy on their adolescent children can be achieved by assessing its effect on parent-adolescent relationship and other parenting dynamics within the clergy family.

5.2 Limitations

The findings of the study being a phenomenal study situated within a specific institution and using a non-random sampling method, cannot be generalized to other clergymen and their children in other church institutions.

Again, the Church of Pentecost employ only clergymen, though women serve as lay leaders in the Church. The result of this research is therefore limited to the effect of psychosocial stressors on clergy fathers on their adolescent children. Further research that include clergy women may reveal other important information about the impact of psychosocial stressors of the clergy on their children, considering the traditional roles women play in the family.

Some challenges were encountered during the recruitment of participants for the study, accounting for lower-than-expected sample sizes. A large number of clergymen whose children

were in the high schools reported that their children were being housed in boarding facilities and could not be contacted during the period of the data collection. Some clergy men were also protective of their families' privacy despite the assurances of confidentiality and anonymity. The period of data collection coincided with the period when a large number of clergymen in the CoP were officially being relocated to different duty stations and many of the clergymen seemed busy with arrangements for the relocation of their families.

The use of on-line survey methods also had some limitations. Since clergy fathers administered the questionnaires to their children, there was no opportunity to monitor parental influences on the responses of their children. Again, intellectual and psychological competences of the clergy children could not be assessed. With the qualitative phase, network problems interrupted some of the on-line interviews. The use of on-line means for interviewing also limited participant observations.

5.3 Recommendations

Further studies that employ non-clinical measures of psychological well-being such as self-acceptance, autonomy, positive relationship with others and environmental mastery to broaden knowledge of understanding of other areas of the clergy child's life which is impacted by the clergy psychological stressors.

Further studies must also be conducted to assess protective factors of clergy children and the effect of intra-family characteristics on perceived stressors of clergy children and their psychological well-being.

Further studies that include clergywomen and other church Ghana must be conducted to provide a broader understanding of how perceived psychosocial stressors of the clergy affect their children's psychological well-being.

Religious institutions should ensure the inclusion of programmes that prepare the clergy the impact of their profession on their families in the training of the clergy. Again, well-structured counselling services must be made available for the clergy and the families to mitigate any mental health challenges.

Considering the critical roles clergy spouses play in the church and the clergy family, religious institutions need to invest in training and preparing them to be more effective in their supportive roles.

5.4 Conclusion

Adolescent children of the clergy in the Church of Pentecost in Ghana were found to experience similar psychosocial stressors as reported by clergy children in the Western context. Adolescent children of clergy reported experiencing unrealistic high expectation, frequent relocations, boundary ambiguity and financial problems. Perceived psychosocial stressors of the clergy work was found to have both direct and indirect negative impact on adolescent children of the clergy. Directly, perceived psychosocial stressors of clergy children was found to be a significant positive predictor of the experience of anxiety and depression in adolescent children of the clergy. Perceived psychosocial stressors of clergy children was also found to positively predict suicide ideation and negatively predict life satisfaction in clergy children. Age and geographical setting of clergy family were found to interact to significantly moderate the relationship between perceived psychosocial stressors and the experience of depression and anxiety. The clergy work was found

to have indirect negative impact on clergy children by affecting parents physical and psychological health as well as family dynamics.

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APPENDIX 1

UNIVERSITY OF GHANA

ETHICS COMMITTEE FOR THE HUMANITIES (ECH)

P. O. Box LG 74, Legon, Accra, Ghana

My Ref. No…ECH 144/ 20-21… May 19, 2021

Sheila Nyaneba Hayfron

Department of Psychology

University of Ghana

Legon

ETHICAL CLEARANCE
(ECH 144/ 20-21)

The protocol title below has been reviewed and approved by the ECH Committee.

TITLE OF PROTOCOL: PERCEIVED PSYCHOSOCIAL STRESSORS OF THE CLERGY AND THE IMPACT ON THE PSYCHOLOGICAL WELL-BEING OF THEIR ADOLESCENT CHILDREN: THE CASE OF THE CHURCH OF PENTECOST IN GHANA

PRINCIPAL INVESTIGATOR**: SHEILA NYANEBA HAYFRON**

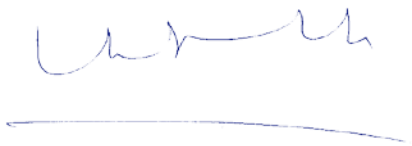
Please note that the final review report must be submitted to the Committee at the completion of the study. Your research records may be audited at any time during or after the implementation. Any modification of this research project must be submitted to ECH for review and approval prior to implementation.

Please report all serious adverse events related to this study to ECH within seven (7) days verbally and in writing within fourteen (14) days.

This certificate is valid till May 18, 2022. You are to submit annual reports for continuing review.

Please accept my congratulations.

Yours Sincerely,



Professor C. Charles Mate-Kole

ECH Chair

Cc: Prof. Joseph Osafo, Department of Psychology, UG

Dr. Jonny Andoh-Arthur, Department of Psychology, UG

Tel: +233-303933866 Email: ech@ug.edu.gh

APPENDIX 2

UNIVERSITY OF GHANA

Ethics Committee for Humanities (ECH)

Official Use only Protocol number

PROTOCOL CONSENT FORM

Section A- BACKGROUND INFORMATION

Principal Investigator:	Sheila Nyaneba Hayfron (Mrs)
Certified Protocol Number	ECH144/20-21

Section B– CONSENT TO PARTICIPATE IN RESEARCH

General Information about Research

This research seeks to investigate the unique psychosocial stressors of the clergy work and how these stressors affect the mental health of the clergy and their adolescent children in the Church of Pentecost in Ghana.

The research involves collecting data from clergy parents who have been in the clergy work for not less than 5years and their adolescent children. Data for the research will be collected in two phases within a period of about two months. The first phase will require all participants (clergy and their children) to fill a set of questionnaires which will take about 20minutes to complete. These questionnaires will be analyzed and some clergy children will be selected for the second phase of the research. If you are selected, you will be interviewed on the impact of psychosocial stressors of the clergy work on your mental health as a clergy child. The interview will take 20-30minutes.

Benefits/Risks of the study

This research does not have any direct benefit to participants. It may, however, potentially cause psychological stress to participants since it may involve recalling of stressful life experiences. In the event of psychological distress or any research-related psychological injury, you may seek psychological support from:

- Mrs. Charity Kuwornu (Clinical Psychologist), Delight Wellness Consult, Spintex Batsona Contact: 0243123913, E-mail: Catoku 37@gmail.com

Confidentiality

Though you will be required to provide your contact information in order to be contacted in case you are selected for the second phase of the research, please note that all personal information identifying you will be kept confidential and available only to the investigator.

Withdrawal from Study

You may withdraw from participating in this study at any time without any penalty. You or your legal representative will be informed in a timely manner if information becomes available that may be relevant to your willingness to continue participation or withdrawal. You will not be adversely affected if you decline to participate or later stop participating.

Contact for Additional Information

For answers to any questions about this research you may contact any of these:

Prof. Joseph Osafo, Department of Psychology, University of Ghana, Legon, Accra.

E-mail: josafo@ug.edu.gh

Or Dr. Johnny Andoh- Arthur, Department of Psychology, University of Ghana, Legon, Accra. E-mail: jandoh-arthur@ug.edu.gh

- If you have any questions about your rights as a research participant in this study you may contact the Administrator of the Ethics Committee for Humanities, ISSER, University of Ghana at ech@ug.edu.gh or 00233- 303-933-866.

- Section C- PARTICIPANT AGREEMENT

"I have read or have had someone read all of the above, asked questions, received answers regarding participation in this study, and am willing to give consent for me to participate in this study. I will not have waived any of my rights by signing this consent form. Upon signing this consent form, I will receive a copy for my personal records."

_____

Name of Participant

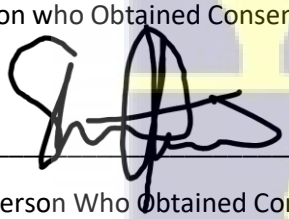
_____ _____

Signature or mark of Participant Date

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Sheila Hayfron (Mrs)

Name of Person who Obtained Consent



_____ 9/06/2021

Signature of Person Who Obtained Consent Date

APPENDIX 3

UNIVERSITY OF GHANA

Ethics Committee for Humanities (ECH)

PARENTAL PROTOCOL CONSENT FORM

Section A- BACKGROUND INFORMATION

Principal Investigator:	Sheila Nyaneba Hayfron (Mrs)
Certified Protocol Number	ECH 144/20-21

Section B– CONSENT TO PARTICIPATE IN RESEARCH

General Information about Research

This research seeks to investigate the unique psychosocial stressors of the clergy work and how these stressors affect the mental health of the clergy and their adolescent children in the Church of Pentecost in Ghana.

The research involves collecting data from clergy parents who have been in the clergy work for not less than 5years and their adolescent children. For a clergy parent, given your consent to participate in this research implies your willingness to give your consent for your adolescent child/ children (if you have more than one adolescent child) to also participate in this research. Data for the research will be collected in two phases within a period of about three months. The first phase will require all participants (clergy and their children) to fill a set of questionnaires. It will take about 20minutes for each person to complete the questionnaires. These questionnaires

will be analyzed and some clergy children will be selected for the second phase of the research. If your child/children is/are selected, he/she/they will be interviewed on the impact of psychosocial stressors of the clergy work on his/her/their mental health as a clergy child/ clergy children. The interview will take 20-30minutes.

Benefits/Risks of the study

This research does not have any direct benefit to participants. It may, however, potentially cause some psychological distress to participants since it may involve recalling of stressful life experiences. In the event of psychological distress or any research-related psychological injury, you may seek psychological support from any of the following Clinical Psychologists:

- Mrs. Charity Kuwornu, Delight Wellness Consult, Spintex Batsona
  Contact: 0243123913, E-mail: Catoku 37@gmail.com

Confidentiality

Though you will be required to provide your contact information in order to be contacted in case your child is selected for the second phase of the research, please note that all personal information identifying you/your child will be kept confidential and available only to the investigator.

Withdrawal from Study

You and your child may withdraw from participating in this study at any time without any penalty. You or your legal representative will be informed in a timely manner if information becomes available that may be relevant to your willingness to continue participation or withdrawal. You/ your child will not be adversely affected if you decline to participate or later stop participating.

Contact for Additional Information

For answers to any questions about this research you may contact any of these:

Prof. Joseph Osafo, Department of Psychology, University of Ghana, Legon, Accra.

E-mail: josafo@ug.edu.gh

Or Dr. Johnny Andoh- Arthur, Department of Psychology, University of Ghana, Legon, Accra. E-mail: jandoh-arthur@ug.edu.gh

- If you have any questions about your rights as a research participant in this study you may contact the Administrator of the Ethics Committee for Humanities, ISSER, University of Ghana at ech@ug.edu.gh or 00233- 303-933-866.

- Section C- PARTICIPANT AGREEMENT

"I have read or have had someone read all of the above, asked questions, received answers regarding participation in this study, and am willing to give consent for me and my child/ward to participate in this study. I will not have waived any of my rights by signing this consent form. Upon signing this consent form, I will receive a copy for my personal records."

_____

Name of Participant

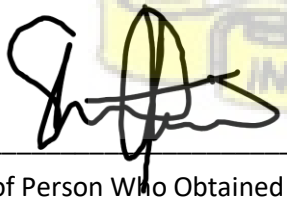
_____ _____

Signature or mark of Participant Date

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Sheila Nyaneba Hayfron (Mrs.)

Name of Person who Obtained Consent



9/06/2021

_____

Signature of Person Who Obtained Consent Date

APPENDIX 4

UNIVERSITY OF GHANA

DEPARTMENT OF PSYCHOLOGY

QUESTIONNAIRE ON CLERGY CHILD

General Information about Research

This research seeks to investigate the unique psychosocial stressors of the clergy work and how these stressors affect the mental health of the clergy and their adolescent children in the Church of Pentecost in Ghana.

Having agreed to participate in this research with your father, please complete the following questionnaires. Kindly let your answers reflect your unique experiences as a child of the clergy. Note that there are no right or wrong answers and this is not a test of intelligence.

Demographic Information

1. Age:

[ ] 10- 14years [ ] 15- 17years [ ] 18 – 19years

2. Sex:

[ ] Male [ ] Female

3. Level of Education:

[ ] Primary [ ] JHS [ ] SHS [ ] Tertiary

4. Number of years your father has served as a clergyman in the Church of Pentecost:

[ ] 5- 9years [ ] 15- 19years [ ] More than 25years

[ ] 10-14years [ ] 20- 24years

5. Which region of Ghana is your father currently stationed? ----------

6. How many years has your father been in his current station?

[ ]One year
[ ]Two years
[ ]Three years
[ ] Four years
[ ] Five years
[ ] Six or more years

7. Birth order (your position among siblings):

[ ] First
[ ] Second
[ ] Third
[ ] Fourth
[ ] Fifth
[ ] Sixth
[ ] Last
[ ] Other (Please State) ----------

Directions: Some of the things in the list below have happened to you and some have not. All can be upsetting, and you know the feeling. Please think about each thing and decide if this really happened to you at some time or not. If any of the things on the list below did happen to you, please tick how upset you are about this or were when it happened. There should only be one answer circled at the most for each question or statement. If something did not happen to you leave that question blank.

Example: Have my bicycle stolen. I think for a moment and remember this happened to me. It upset me quite a bit, so tick "quite upset:' Remember, there should only be one statement ticked for each question.

1. Lack of privacy for our family.
   [ ] Never upset [ ] Slightly upset [ ] Quite upset [ ] Highly upset

2. How our neighborhood/town thinks ministers' families should behave.
   [ ] Never upset [ ] Slightly upset [ ] Quite upset [ ] Highly upset

3. Being told how to act by church people

   [ ] Never upset [ ] Slightly upset [ ] Quite upset [ ] Highly upset

4. The time our family spends fasting/ praying/reading the Bible together.

   [ ] Never upset [ ] Slightly upset [ ] Quite upset [ ] Highly upset

5. The parents in our family fight.

   [ ] Never upset [ ] Slightly upset [ ] Quite upset [ ] Highly upset

6. My father is gone a lot on weekends and on evenings when the children and my mother are home.

   [ ] Never upset [ ] Slightly upset [ ] Quite upset [ ] Highly upset

7. Whether or not my father practices what he preaches.

   [ ] Never upset [ ] Slightly upset [ ] Quite upset [ ] Highly upset

8. Another family member's emotional or mental health.

   [ ] Never upset [ ] Slightly upset [ ] Quite upset [ ] Highly upset

9. Moving/ transfer

   [ ] Never upset [ ] Slightly upset [ ] Quite upset [ ] Highly upset

10. Being criticized

    [ ] Never upset [ ] Slightly upset [ ] Quite upset [ ] Highly upset

11. My mother works because we need the money

    [ ] Never upset [ ] Slightly upset [ ] Quite upset [ ] Highly upset

12. Both of my parents have to work aside the ministry.

    [ ] Never upset [ ] Slightly upset [ ] Quite upset [ ] Highly upset

13. Whether or not I can ask for help if I feel sick

[ ] Never upset [ ] Slightly upset [ ] Quite upset [ ] Highly upset

14. The way I am allowed or not allowed to be angry or show any other negative emotions (sadness, mad, hate, or such)

[ ] Never upset [ ] Slightly upset [ ] Quite upset [ ] Highly upset

[ ] Never upset [ ] Slightly upset [ ] Quite upset [ ] Highly upset

15. Feeling all alone or different from other people my age

[ ] Never upset [ ] Slightly upset [ ] Quite upset [ ] Highly upset

16. My parents talk about getting a divorce

[ ] Never upset [ ] Slightly upset [ ] Quite upset [ ] Highly upset

17. Not having a really good, close friend

[ ] Never upset [ ] Slightly upset [ ] Quite upset [ ] Highly upset

18. Whether or not the church or the family is more important to my father.

[ ] Never upset [ ] Slightly upset [ ] Quite upset [ ] Highly upset

Directions: We would like to know what thoughts about life you have had during the past several weeks. Think about how you spend each day and night and then think about how your life has been during most of this time. Here are some questions that ask you to indicate your satisfaction with your overall life. Tick the words next to each statement that indicate the extent to which you agree or disagree with each statement. For example, if you Strongly Agree with the statement "Life is great," you would tick those words on the following sample item;

It is important to know what you REALLY think, so please answer the questions the way you really think, not how you should think. This is NOT a test. There are NO right or wrong answers.

1. My life is going well.

[ ] Strongly Disagree
[ ] Moderately Disagree
[ ] Mildly Disagree
[ ] Mildly Agree
[ ] Moderately Agree
[ ] Strongly Agree

2. My life is just alright.

[ ] Strongly Disagree
[ ] Moderately Disagree
[ ] Mildly Disagree
[ ] Mildly Agree
[ ] Moderately Agree
[ ] Strongly Agree

3. I would like to change many things in my life.

[ ] Strongly Disagree
[ ] Moderately Disagree
[ ] Mildly Disagree
[ ] Mildly Agree
[ ] Moderately Agree
[ ] Strongly Agree

4. I wish I had a different kind of life.

[ ] Strongly Disagree
[ ] Moderately Disagree
[ ] Mildly Disagree
[ ] Mildly Agree
[ ] Moderately Agree
[ ] Strongly Agree

5. I have a good life.

[ ] Strongly Disagree
[ ] Moderately Disagree
[ ] Mildly Disagree
[ ] Mildly Agree
[ ] Moderately Agree
[ ] Strongly Agree

6. I have what I want in life.

[ ] Strongly Disagree
[ ] Moderately Disagree
[ ] Mildly Disagree
[ ] Mildly Agree
[ ] Moderately Agree
[ ] Strongly Agree

7. My life is better than most kids.

[ ] Strongly Disagree
[ ] Moderately Disagree
[ ] Mildly Disagree
[ ] Mildly Agree
[ ] Moderately Agree
[ ] Strongly Agree

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

0 means Did not apply to me at all
1 means Applied to me to some degree, or some of the time
2 means Applied to me to a considerable degree or a good part of time
3 means Applied to me very much or most of the time

1	I found it hard to wind down	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I found it difficult to work up the initiative to do things	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I experienced trembling (eg, in the hands)	0	1	2	3
8	I felt that I was using a lot of nervous energy	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	I felt down-hearted and blue	0	1	2	3

14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15	I felt I was close to panic	0	1	2	3
16	I was unable to become enthusiastic about anything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I was aware of the action of my heart in the absence of physical exertion (Eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life was meaningless	0	1	2	3

In the statements below, kindly respond by rating 0 to 10 the number that correctly applies to your current state of mind and emotions.

1. "In the past month, how often have you had thoughts about suicide? _____

2. "In the past month, how much control have you had over these thoughts?" _____

(Rate from 0 to 10, where 0 means No control/do not control and 10 means Full control)

3. "In the past month, how close have you come to making a suicide attempt?" _____

(Rate from 0 to 10, where 0 means Not at all close and 10 means Have made an attempt);

4. "In the past month, to what extent have you felt tormented by thoughts about suicide?"_____

(Rate from 0 to 10, where 0 means Not at all and 10 means Extremely)

5. “In the past month, how much have thoughts about suicide interfered with your ability to carry out daily activities, such as work, household tasks or social activities?” _____

(Rate from 0 to 10, where 0 means Not at all and 10 means Extreme)

Thank you for participating in this research. The next stage of this research involves a 20 -30 minutes interview on your experience as a clergy child and how the stressors of the clergy work affect your mental health. Please provide a contact if you agree to be part of this phase.

I agree to participate in the next stage of the research. My contact number is _____

APPENDIX 5

UNIVERSITY OF GHANA

DEPARTMENT OF PSYCHOLOGY

A STUDY ON CLERGY PSYCHOSOCIAL STRESSORS

This research seeks to investigate the unique psychosocial stressors of the clergy work and how these stressors affect the mental health of the clergy and their adolescent children in the Church of Pentecost in Ghana. Having given your consent to participate in this research with your child, please complete the questionnaires below.

Demographic Information

1. Your Age:

[ ] 30-39years
[ ] 40- 49years
[ ] 50 – 59years
[ ] 60 and above

2. Level of Education:

[ ] Middle School
[ ] Senior Secondary
[ ] Diploma
[ ] Graduate
[ ] Post Graduate

3. How many years have you served as a clergyman in the Church of Pentecost?

[ ] 5- 9years
[ ] 10-14years
[ ] 15- 19years
[ ] 20- 24years
[ ] More than 25years

4. Which Region of Ghana are you currently stationed ----------

5. How will you are stationed currently

[ ] Rural Community
[ ] Small Town
[ ] Large town/ City

7. How many years have you been in your current station?

[ ] One year
[ ] Two years
[ ] Three years
[ ] Four years
[ ] Five years
[ ] Six or more years

8. How many local churches/Assemblies are you currently handling?----------

9. Apart from your main responsibilities in your District or Area, which other church responsibility (including studying) are you currently handling?

---

10. How many children do you have?

[ ] One Child
[ ] Two Children
[ ] Three Children
[ ] Four Children
[ ] Five Children
[ ] More than Five Children

11. How many adolescent Children do you have currently?

[ ] One Child
[ ] Two Children
[ ] Three Children
[ ] Four Children
[ ] Five Children
[ ] More than Five Children

12. How old is your oldest adolescent child?

[ ] 10 - 14years
[ ] 15- 17years
[ ] 18 – 19years

Directions: Some of the things in the list below have happened to you and some have not. Please think about each and indicate how often each happened in the last 6 months. For each of the things that happened to you, please tick how it impacted your life. There should only be two answers ticked for each question or statement, one for frequency and the other for the impact.

1. You were criticized face-to-face by a member.

[ ] Did not happen to me

[ ] Happened once

[ ] Happened twice

[ ] Happened three times

[ ] Happened four times

[ ] Happened five times

[ ] Happened six or more times

[ ] Did not affect me in any way

[ ] Slightly affected me

[ ] Significantly affected me

[ ] Highly affected me

2. A member voiced doubts to you directly about your faith.

[ ] Did not happen to me

[ ] Happened once

[ ] Happened twice

[ ] Happened three times

[ ] Happened four times

[ ] Happened five times

[ ] Happened six or more times

[ ] Did not affect me in any way

[ ] slightly affected me

[ ] significantly affected me

[ ] Highly affected me

3. You were criticized personally by someone in a leadership role in the congregation.

[ ] Did not happen to me
[ ] Happened once
[ ] Happened twice
[ ] Happened three times
[ ] Happened four times
[ ] Happened five times
[ ] Happened six or more times

[ ] Did not affect me in any way
[ ] slightly affected me
[ ] significantly affected me
[ ] Highly affected me

4. A member questioned your devotion to the ministry.

[ ] Did not happen to me
[ ] Happened once
[ ] Happened twice
[ ] Happened three times
[ ] Happened four times
[ ] Happened five times
[ ] Happened six or more times

[ ] Did not affect me in any way
[ ] slightly affected me
[ ] significantly affected me
[ ] Highly affected me

5. Time you expected to spend alone was interrupted by a phone call from a member.

[ ] Did not happen to me
[ ] Happened once
[ ] Happened twice
[ ] Happened three times
[ ] Happened four times
[ ] Happened five times
[ ] Happened six or more times

[ ] Did not affect me in any way
[ ] slightly affected me

[ ] significantly affected me [ ] Highly affected me

6. You felt your privacy invaded by a member.

[ ] Did not happen to me [ ] Happened four times

[ ] Happened once [ ] Happened five times

[ ] Happened twice [ ] Happened six or more times

[ ] Happened three times

[ ] Did not affect me in any way [ ] slightly affected me

[ ] significantly affected me [ ] Highly affected me

7. A member came by your home unannounced.

[ ] Did not happen to me [ ] Happened four times

[ ] Happened once [ ] Happened five times

[ ] Happened twice [ ] Happened six or more times

[ ] Happened three times

[ ] Did not affect me in any way [ ] slightly affected me

[ ] significantly affected me [ ] Highly affected me

8. Time with your family was interrupted by a phone call.

[ ] Did not happen to me [ ] Happened three times

[ ] Happened once [ ] Happened four times

[ ] Happened twice [ ] Happened five times

[ ] Happened six or more times

[ ] Did not affect me in any way [ ] slightly affected me

[ ] significantly affected me [ ] Highly affected me

9. You were approached by a member in a public place, outside of church.

[ ] Did not happen to me [ ] Happened four times

[ ] Happened once [ ] Happened five times

[ ] Happened twice [ ] Happened six or more times

[ ] Happened three times

[ ] Did not affect me in any way [ ] slightly affected me

[ ] significantly affected me [ ] Highly affected me

10. Your sleep was interrupted by a phone call by a member.

[ ] Did not happen to me [ ] Happened four times

[ ] Happened once [ ] Happened five times

[ ] Happened twice [ ] Happened six or more times

[ ] Happened three times

[ ] Did not affect me in any way [ ] slightly affected me

[ ] significantly affected me [ ] Highly affected me

11. You were asked to perform some ministry task at the last minute.

[ ] Did not happen to me

[ ] Happened once

[ ] Happened twice

[ ] Happened three times

[ ] Happened four times

[ ] Happened five times

[ ] Happened six or more times

[ ] Did not affect me in any way

[ ] slightly affected me

[ ] significantly affected me

[ ] Highly affected me

12. A ministry decision was made that affected you or your family but you were not consulted.

[ ] Did not happen to me

[ ] Happened once

[ ] Happened twice

[ ] Happened three times

[ ] Happened four times

[ ] Happened five times

[ ] Happened six or more times

[ ] Did not affect me in any way

[ ] slightly affected me

[ ] significantly affected me

[ ] Highly affected me

13. Personal or family plans were interrupted by a personal crisis in the life of a member.

[ ] Did not happen to me

[ ] Happened once

[ ] Happened twice

[ ] Happened three times

[ ] Happened four times

[ ] Happened five times

[ ] Happened six or more times

[ ] Did not affect me in any way [ ] slightly affected me

[ ] significantly affected me [ ] Highly affected me

14. Personal or family plans were cancelled because of an emergency at the church.

[ ] Did not happen to me [ ] Happened four times

[ ] Happened once [ ] Happened five times

[ ] Happened twice [ ] Happened six or more times

[ ] Happened three times

[ ] Did not affect me in any way [ ] slightly affected me

[ ] significantly affected me [ ] Highly affected me

15. Ministry responsibilities were added without enough regard to your present workload.

[ ] Did not happen to me [ ] Happened four times

[ ] Happened once [ ] Happened five times

[ ] Happened twice [ ] Happened six or more times

[ ] Happened three times

[ ] Did not affect me in any way [ ] slightly affected me

[ ] significantly affected me [ ] Highly affected me

16. A member raised questions about how you or your family spend money.

[ ] Did not happen to me [ ] Happened three times

[ ] Happened once [ ] Happened four times

[ ] Happened twice [ ] Happened five times

[ ] Happened six or more times

[ ] Did not affect me in any way [ ] slightly affected me

[ ] significantly affected me [ ] Highly affected me

17. A member complained to you about someone in your family.

[ ] Did not happen to me [ ] Happened once

[ ] Happened twice [ ] Happened three times

[ ] Happened four times [ ] Happened five times

[ ] Happened six or more time

[ ] Did not affect me in any way [ ] slightly affected me

[ ] significantly affected me [ ] Highly affected me

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

4 Did not apply to me at all

5 Applied to me to some degree, or some of the time

6 Applied to me to a considerable degree or a good part of time

7 Applied to me very much or most of the time

1	I found it hard to wind down	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I found it difficult to work up the initiative to do things	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I experienced trembling (eg, in the hands)	0	1	2	3
8	I felt that I was using a lot of nervous energy	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	I felt down-hearted and sad	0	1	2	3

14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15	I felt I was close to panic	0	1	2	3
16	I was unable to become enthusiastic about anything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life was meaningless	0	1	2	3

How has your work as a clergyman affected your adolescent child/children?

Thank you for participating in this research. The second phase of this research involve interviewing some clergy children on the impact of psychosocial stressors of the clergy work on their mental health as clergy children. Please provide a contact number if you agree to your child being interviewed. Please note that your confidentiality and anonymity is assured.

I give my consent for my child to be interviewed. My contact number is

_____

APPENDIX 6

INTERVIEW GUIDE

Introduction

Thank you very much for making time to participate in this second phase of this research. The focus of this interview is to find out your experiences as a clergy child, what you think of your father's work and how your father's work affects your mental health. Information you give me will be treated anonymously. You have the right not to answer any question you are not comfortable with. There are no right or wrong answers. This interview is expected to last about 30 minutes but it depends on how much you want to tell us. You can abort this interview at any point you wish. However, information you give will contribute to an understanding of the unique experiences of clergy children, which will help inform interventions to support the wellbeing of other children of the clergy.

SECTION A: DEMOGRAPHICS

Demographics

Gender
Age,
Etc……

SECTION B: EXPERIENCES AS A CLERGY CHILD

1. How will you generally describe your experience as a clergy Child?

2. Can you describe some of the key challenges you have faced or are facing being a clergy child? (Probe: Describe one by one how those named challenges are impacting their lives)

3. What will consider as the key opportunities you have had or are having being a clergy child?
4. How do you think the clergy work affects your father's health and his role as a father? (Probe: How does that make you feel?)
5. How do you think the clergy work affects your family?
6. Have you ever wished you were not a clergy child before? (Tell me about that).
7. Have your experiences as a clergy child affected you in any way? Physical health, mental health, behaviour, relationship with others, education, etc.
8. Would you say your father's work as a clergy makes you sometimes experience
   i. anxious moments
   ii. depression
   iii. stress

moments when you feel life is not worth living (if yes to this, *thought of killing yourself?*)

9. How do you think other members of your family (your mother and siblings) are being affected by the clergy work? (How are you affected by this?)
10. How do you typically get help for managing personal problems (and mostly from who?)

SECTION C: DEBRIEFING

1. Is there any question you would have wished I asked which I have not asked?
2. How do you feel about this interview?
3. What suggestion do you have for improving on this interview?

Thank you