

# The Honeymoon is Over: Occupational Relocation and Changes in Mental Health Among United Methodist Clergy

David E. Eagle<sup>1</sup> · Andrew A. Miles<sup>2</sup> ·  
Rae Jean Proeschold-Bell<sup>3</sup>

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**Abstract** In this study we examine how the process of relocation affects the mental health of United Methodist clergy and the extent to which relocation is associated with changes in clergy perception of the workplace environment and feelings of self-efficacy. We analyzed data from a longitudinal survey of 1375 clergy, one quarter of whom experienced a move between the baseline survey in 2008 and the follow-up survey 2 years later. Contrary to expectations, we find that mental distress decreased for those who recently moved compared to those who had moved 2 years prior. We also find strong evidence of a “honeymoon effect.” Recently relocated clergy report higher levels of self-efficacy and higher workplace morale compared to those who do not relocate. This study underscores the importance of examining the short and longer-term impact of moving on mental distress and presses scholars to consider the ways in which, under certain circumstances, relocation may improve mental health.

**Keywords** Relocation · Mental distress · Clergy · Occupational determinants of health

In this study, we ask, “How does the process of relocation affect the mental health of clergy?” Our primary research goal is to uncover the short and longer-term

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✉ David E. Eagle  
david.eagle@duke.edu

<sup>1</sup> Center for Health Policy and Inequalities Research, Duke University, PO Box 90932, Durham, NC 27708-0932, USA

<sup>2</sup> Department of Sociology, University of Toronto, Toronto, Canada

<sup>3</sup> Center for Health Policy and Inequalities Research and Duke Global Health Institute, Duke University, Durham, NC, USA

impact of relocation on Protestant clergy's mental health and what role occupational conditions play in mediating those impacts. Very little research has focused specifically on the psychological impact of moving on clergy, which is surprising given that clergy, particularly those in denominations with a tradition of having itinerant clergy, relocate several times over the course of their career. Understanding how relocation affects clergy can help congregations, denominations, and individual clergy better manage the unique challenges that relocation poses.

Because they are subject to frequent, compulsory moves, United Methodist (UM) clergy are ideal for studying the psychological impact of relocation. UM clergy relocate, on average, once every 5 years. Frequent relocations are seen by the denomination as a way to ensure that local congregations remain independent of their clergy's identity. Using input from the clergy and the congregations involved, moves are planned and overseen by the bishop and the district superintendents. They have the final decision over when and where a pastor will move. UM pastors become ordained or licensed in the United Methodist Church knowing that they will participate in compulsory appointments and moves. Clergy expect to be moved regularly and moves usually come with salary increases and are sometimes seen as promotions. The vast majority of clergy relocate at the same time of year (July 1). This is beneficial for our study as it helps control for the impact that time of year of relocation may have on mental health (e.g. for clergy with children, relocating in the middle of the school year may significantly increase distress).

## Clergy and Connections to Broader Research on Relocation

Job relocation is a major life event with important implications for mental health. Research has linked relocation to lower job satisfaction (Martin 1995); dissatisfaction with social relationships (Brett 1982); high levels of psychological distress (Munton and Reynolds 1995); and guilt surrounding family commitments that cannot be met (Lê et al. 2010). Relocation stress stems from the pressures of buying and selling property, finding new employment for spouses, finding new schools for children, the disruption of social networks (Challiol and Mignonac 2005; Pinder 1989), and/or adapting to an unfamiliar culture (Forster 1990; Hutchings and Wahyuni Ratnasari 2006; Munton 1990). Most of the literature on relocation and mental health suggests that the shorter-term aspects of moving—preparing to move, the actual move, and initial adjustment to a new location—heighten mental distress, but evidence indicates that these effects generally fade over the first year (Lawson and Angle 1994; Moyle and Parkes 1999; Munton and Reynolds 1995). Because most studies survey the respondents soon after relocating, studies rarely capture the long-term impacts of moving. Existing research on the long-term effects of moving has focused primarily on the impact of frequent relocation rather than the long-term effects of a single move (Berkes and Davidson-Hunt 2007; Lê et al. 2010; Marshall and Cooper 1979).

While the bulk of the evidence supports a positive association between moving and increased mental distress, other studies have found a positive relationship between relocation and improved mental health. For example, relocation has been

associated with decreased stress (Martin 1996), lowered anxiety (Marshall and Cooper 1979), and increased family satisfaction (Brett 1982). If relocation moves people from high-stress occupational environments to ones with fewer demands, mental health may improve once the temporary stressors of adjustment are removed. Similarly, relocation may eliminate the stress of poor relationships with co-workers and give people a fresh start with new colleagues. Job relocation may also move workers into environments that better match their abilities and thereby promote feelings of competence. It is, of course, possible that relocation may move people between similar work environments or from a positive to a negative environment. From a theoretical perspective, it is likely that relocation has differential impacts on mental health that depend on the interplay of prior and subsequent occupational conditions. However, there is very little empirical research that examines how prior and subsequent job conditions impact the relationship between relocation and mental distress. Our study, while focused on clergy, also has implications for research on relocation more generally. This study aims to fill this gap in the literature by examining how workers' perception of the workplace changes after a move and what role these changed perceptions play in mediating the impact of moving on mental distress.

## Clergy and Relocation

Several characteristics of the clergy occupation may also serve to decrease the mental distress associated with moving. Occupational structures are important determinants of workers' occupational experiences because they shape job-based demands and day-to-day working conditions (cf. Pearlin 1989). Clergy often function simultaneously in a variety of roles: that of mentor, spiritual director, caregiver, preacher, teacher, leader, figurehead, disturbance handler, negotiator, administrator, manager, counselor, social worker, and community leader (Kay 2000; Kuhne and Donaldson 1995; Pickard and Guo 2008). The conditions at a particular congregation influence the kinds of roles clergy are asked to fill and the relative difficulty of those roles.

Because of the nature of the profession, interpersonal connections are vital to the practice of pastoral ministry. To perform effectively, clergy must develop trusting relationships with church members. Trusting relationships allow influence to flow from one person to another (Goehl et al. 1993; Smith and Christakis 2008). But influence is not the only thing that travels through personal networks. Riley and Eckenrode (1986) demonstrate that stress can travel through networks, a process which they refer to as "stress contagion." Stress is particularly acute in relationships that make high emotional demands but offer little back in return—a condition that is common among clergy. People expect to be able to turn to their minister for spiritual, emotional and practical support, but are not expected to offer the same level of support in return. This unidirectionality is a feature of many caregiving professions; it would be considered unethical for mental health care providers to turn to their patients for significant emotional support. Thus, pastoral work requires clergy to be enmeshed in a web of social connections, many of which provide them

with little support, but are emotionally costly. Even if the amount of stress that flows to pastors from any given congregant is modest, the presence of many unidirectional ties suggests that stress may accumulate, or that the pastor may be called on more often. Because of this characteristic of the clergy profession, relocation will typically move clergy from a high stress occupational environment to one with fewer immediate challenges. Relocation may separate clergy from stressful situations in their former churches and place them in new congregations where few strong relational ties exist. Pastors cannot shoulder the problems of church members with whom they have no relationship, nor are they likely to encounter criticism from members whom they have not met. A nascent network will likely reduce the flow of information to the pastor, who may benefit from temporary ignorance of conflicts and other challenges in the congregation. Of course, relocated clergy will not be able to fulfill the demands of their occupation until they establish the necessary relational networks in their new churches. As they do, the brief respite granted by moving may fade.

### **Self-Efficacy as a Mediator Between Relocation and Mental Distress**

In addition to a change in workplace demands, we hypothesize that self-efficacy may also explain changes in mental health that come with relocation. Self-efficacy is a person's "perceived operative capability" (Bandura et al. 1999, p. 646), or the sense that one can accomplish valued ends. Research has shown that self-efficacy (and closely related concepts like mastery) promote mental health (Bandura et al. 1999; Gallagher et al. 2011; Pearlin et al. 1981; Tang 2009). Existing work on relocation and self-efficacy generally treats relocation as a stressful event and self-efficacy as a resource for diminishing its effects. In this approach, self-efficacy is viewed as a trait people possess prior to moving, which allows them to adapt to the demands of the event and its immediate after-effects (Von Kirchheim and Richardson 2005; Smider et al. 1996).

It is also possible that the process of moving might *increase* self-efficacy, and that in this sense, self-efficacy may be less of a trait and more malleable. Research indicates that people can develop self-efficacy by successfully performing tasks that demonstrate that they have control over their environments—either through their own assessment or the opinions of significant others (Zulkosky 2009). Just as relocation can remove people from stressful environments and place them in less onerous contexts, it can take people from situations that diminish self-efficacy and place them in circumstances where they feel more competent. Clergy may experience a short-term boost in self-efficacy through the relocation process for a variety of reasons. Relocation might enable clergy to perform their duties more competently. A new congregation may be easier to manage and allow clergy to apply lessons learned in past positions. Feelings of competence might also increase if recently relocated clergy are ignorant of existing challenges due to their lack of social ties to church members. Clergy are unlikely to view any obvious problems as evidence of personal failure given that these challenges pre-date their arrival. In fact, the existence of such problems might increase their self-efficacy by suggesting that denominational leaders have confidence in their abilities to address problems.

Finally, relocated clergy may be more forgiving of their initial failures if they believe that their failures are the result of having inherited problems for which they are not responsible. Together, these processes could enhance feelings of self-efficacy, which in turn would reduce clergy mental distress. Over time, however, this boost in self-efficacy is likely to fade as clergy establish wider congregational networks that demand more emotional energy and time, learn about hidden challenges among church members that affect their perception of effectiveness, and experience failures in their occupational efforts.

## Data and Methods

For this study, we use data from an ongoing panel survey of United Methodist Church (UMC) clergy in North Carolina (NC). In 2008, all clergy serving in any capacity in the NC or Western NC conferences of the UMC were invited to participate in a survey of their occupational experiences. A second wave of the survey was conducted in 2010 with the same pool of respondents. Of those that completed the survey in 2008, 87.7 % (N = 1513) provided data at the second wave. For these analyses, all respondents not serving in a church at baseline were dropped from the sample (some clergy serve as hospital/university chaplains or denominational staff and have very different occupational environments, others were retired from ministry and not serving a church), leaving a final study population of 1375. The majority of survey respondents completed the survey in August, with the rest completed by the end of October. This meant that 13 % (N = 179) had moved approximately 1 year prior (13–16 months prior) and 12 % (N = 165) had moved 1 to 3 months prior to the completion of wave two of the survey.

## Dependent Variables

The key dependent variables for this analysis are depression, anxiety and mentally unhealthy days (MUDs). Depression was measured using the Patient Health Questionnaire (PHQ-9), which consists of nine items that measure the frequency of depressive symptoms during the past two weeks. Possible depression scores range from 0 to 27. Based on previous validation studies, depression was defined as a score of 10 or higher (Kroenke et al. 2001). In 2008, the depression rate nationally was 3.4 % (Centers for Disease Control and Prevention (CDC) 2010).

The anxiety portion of the Hospital Anxiety and Depression Scale is used to screen for the presence and severity of anxiety (Zigmond and Snaith 1983). Respondents indicated how often (0 = not at all, 1 = several days, 2 = over half the days, 3 = nearly every day) they have experienced each of the seven clinically relevant components of anxiety over a period of two weeks. Possible scores range from 0 to 21. We dichotomized scores at a cutoff of eight to indicate the probable presence of an anxiety disorder (Olsson et al. 2005). In the United States, between 2001 and 2003, the prevalence of anxiety disorders in the population is estimated at 18.1 % (Kessler et al. 2005).

Participants are also asked about the number of mentally unhealthy days (MUDs) they have experienced over the past 30 days. This measure is used and validated by the Centers for Disease Control and Prevention as a measure of quality of life and is also included on the National Health and Nutrition Examination Study (Centers for Disease Control and Prevention (CDC) 2002). In North Carolina, the average number of mentally unhealthy days experienced in 2010 was 3.4 (National Center for Health Statistics 2016).

### Independent Variables

The key predictors, *Moved2009* and *Moved2010*, are two dichotomous variables indicating respondents who relocated during 2009 or 2010. Data were taken from the announcements of appointments presented at the annual meetings of the NC and Western NC Annual Conferences. Both conferences hold an annual “moving day” on July 1, when the vast majority of clergy relocate. Those coded as relocating in 2009 moved during July of that year, which is roughly 1 year prior to the second wave of data collection. Those coded as relocating in 2010 likely moved in July 2010, roughly 1 month prior to wave 2. Practically, this means that those who moved in 2009 were likely becoming established in their workplaces by wave 2, whereas those relocating in 2010 were still in the process of adjusting to their new workplace environment. Examining the differences between these two groups allow us to quantify the difference between both the short-term and longer-term effects of moving. Comparing those who moved versus those who did not relocate will allow us to examine the impact of relocation on mental distress.

Control variables were selected to account for demographic differences that might impact the propensity to relocate. The experience of stress due to relocation may be different among married individuals due to the stress of finding suitable employment for their spouse. On the other hand, a spouse may help deal with the stress associated with moving. We introduce an indicator variable that controls for these differences, coded 1 for those who are married, and 0 otherwise. We also control for *adjusted income*, which is total reported individual income after self-reported payments on educational, credit card, and other debts have been subtracted. We use *adjusted* rather than *total* income because it better captures resources that respondents have available for managing relocation expenses. Clergy also relocate more frequently in the early years of their tenure in the UM system and we control for tenure using a categorical variable indicating clergy who have served between 0 and 1, 2 and 9 and 10+ years (0–1 years is the reference category). These cut-points were chosen by running a logistic regression with relocation as the dependent variable, and with length of time that clergy had served in their churches as the independent variable. The pattern of results suggested that 2–9 years of tenure was the period that put clergy at highest risk for relocation. Two other variables were included to control for important differences among UMC clergy. UM clergy can be of several ordination statuses, two of which—local pastors and retired pastors—have different patterns of relocation. We added dichotomous variables for *Local pastor* and *Retired pastor* to control for these differences. We exclude controls for race. The majority of our population is white (91 % identify as

white) and adding an indicator for white did not significantly alter model fit. Because a significant proportion of the study population are females (26.2 %), we tested for differences by gender, but adding a control for gender did not alter any of the observed patterns and was not included in the final models. All control variables were measured at wave 2 (2010).

### Mediating Variables

Mediators in these analyses were meant to capture the degree to which changes in workplace conditions and perceived self-efficacy explained the effects of relocation on mental distress. Self-efficacy with regard to pastoral work is captured by *Perceived effectiveness*, which is the difference between baseline and wave 2 responses to the question, “At the present, what is your level of satisfaction with your overall effectiveness as a pastoral leader in this particular congregation?” with response options of 1 = “Very dissatisfied;” 2 = “Somewhat dissatisfied;” 3 = “Somewhat satisfied;” and 4 = “Very satisfied.” Changes in four workplace stressors are coded in the same fashion as *Perceived effectiveness*, with wave 2 measures subtracted from baseline measures.  $\Delta$  *No day off* indicates whether clergy regularly took a day off each week and is coded 1 for Yes and 0 for No.  $\Delta$  *Time demands* is based on the question “How much of your time do you think your church members expect you to make available to them?” Responses are 1 = “Less than 40 h a week;” 2 = “About 40 h a week;” 3 = “Somewhere between a 40 and 50 h work week;” 4 = “Most of my time...although a day off per week is generally acceptable;” 5 = “Nearly all of my time with a day off not really feeling acceptable;” 6 = “All of my time, 24 h a day, 7 days a week.”  $\Delta$  *Low church morale* is a two-item scale based on agreement with the statements “The current morale of my primary congregation is high” and “Members of my primary congregation have a sense of excitement about the congregation’s future,” with response options ranging from 1 = “disagree” to 4 = “strongly agree.” Responses were reversed coded and added together so that higher scores represent lower morale. The range of the scale is 2–8.

### Analyses

We used path analysis to simultaneously examine the direct (i.e. mediated) and moderated effects of relocation on depression, anxiety and mentally unhealthy days. The three outcome variables were run as three separate models. Path coefficients were standardized. All models were estimated using full information maximum likelihood, a technique that produces unbiased and efficient estimates in the presence of missing data (Enders and Bandalos 2001) and corrected for heteroskedasticity using Huber-White standard errors. Models include the full set of control variables, the covariance between baseline mental distress and relocation variables, and the covariance between workplace stressor variables. For clarity, we do not discuss the relationship of mental distress and our control variables, but our results are net of factors that put people at greater risk for relocation.

## Results

Table 1 provides descriptive information on the clergy in the sample. In 2010, most were married (85 %), with an average adjusted household income of around \$82,000. A significant minority of clergy were local pastors (28 %) and only a few were retired (5 %). About 13 % relocated in 2009, and another 12 % relocated in 2010 (two pastors relocated in both years). These rates of relocation are significantly higher than the national average for US workers. Using data from the Annual Economic Supplement of the Current Population Survey, the U.S. Census Bureau reports that in 2013, 9 % of respondents had relocated because of a new job or job transfer—a rate that has remained stable since 2005 (Ihnke 2014). Average levels of anxiety, depression, and MUDs increased slightly from baseline to wave 2. This change may be due to the fact that the US experienced a major economic recession during 2008–2009. The multivariate models control for these across-wave changes.

Turning to the path models, the models display adequate levels of fit. We report three standard measures of model fit in Table 3. The Standardized Root Mean Squared of the Residuals (SRMR) is below the suggested value of 0.08 (Hu and Bentler 1999) and the Root Mean Squared Error of Approximation (RMSEA) is below 0.10, which is also a generally agreed upon indicator of adequately fitting models. The relative fit index, which is analogous to  $R^2$  for multiple regression, is 0.045, 0.041, and 0.10 for the three outcomes of interest.

Figures 1 and 2 present the results of path models for depression, anxiety, and MUDs for those who relocated in 2009 and 2010, respectively. Although parameters for relocation in 2009 and 2010 were estimated simultaneously, we present results in separate figures for visual clarity. Each path is labeled with three coefficients that correspond to the three outcomes, as listed in the box labeled “Time 2.” The path diagrams show both the indirect and direct effect of moving on the outcome variables. By way of example, in Fig. 1, the direct effect of moving in 2009 can be read directly from the path from Move 2009 to Time 2. We see an increase in 0.09 standard deviations in measures of depression (non-significant), 0.19 on anxiety ( $p < 0.01$ ) and 0.11 on MUDs (non-significant). The indirect effect of moving on depression that is mediated through changes in time demands is calculated by multiplying the changes in time demands from moving ( $-0.23$ ) by the impact of time demands on depression (0.07), for a total indirect effect of  $-0.02$  (again in units of standard deviations). The total indirect effects from all mediators are calculated by summing the indirect effects. These are reported in Table 2.

Direct, indirect, and total effects for relocation variables are summarized in Table 2 (all the coefficients are presented in units of standard deviations, and non-significant effects with  $p$  values less than 0.05 are not reported). Clergy who had relocated 1 month prior to the wave 2 survey reported lower depression (total effect =  $-0.30$ ), anxiety (total effect =  $-0.10$ ), and MUDs (total effect =  $-0.13$ ) than residentially stable pastors. Those who had relocated 1 year prior to the wave 2 survey, reported lower depression (total effect =  $-0.13$ ) and MUDs (total effect =  $-0.14$ ), but *higher* anxiety (total effect = 0.08). In terms of significant direct effects, moving 1 year prior increased anxiety over those who did not relocate



**Table 1** Sample descriptive statistics

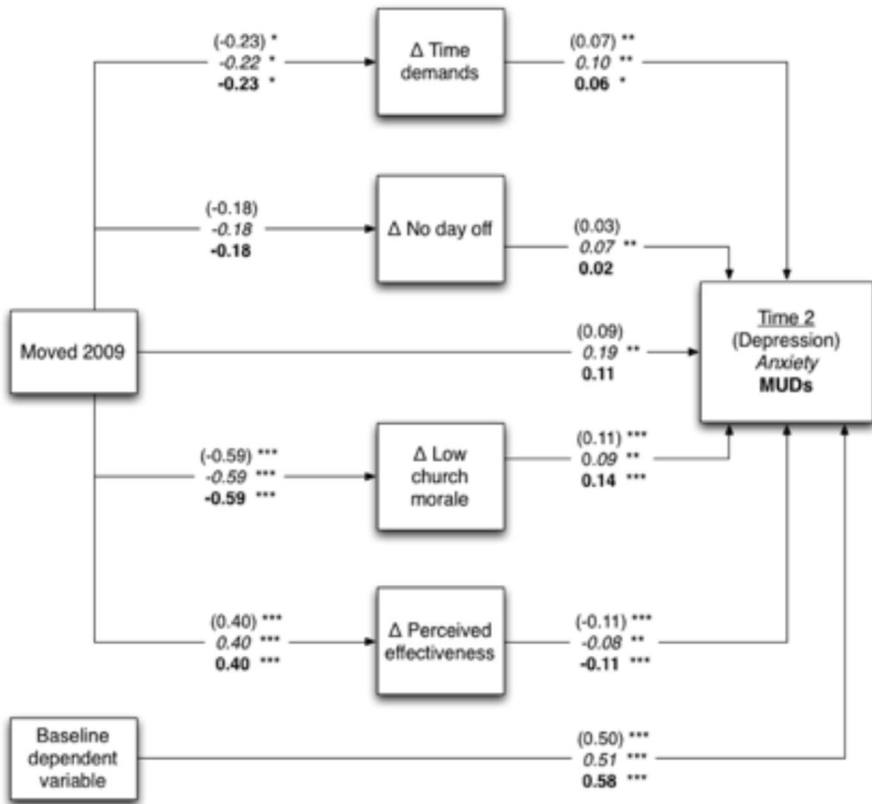
	Mean	SD	n <sup>a</sup>
Moved 2009 (1 year prior to second wave follow up survey, %)	13	–	1375
Moved 2010 (1 month prior to second wave follow up survey, %)	12	–	1375
Anxiety at baseline (HADS-A, 28 point scale)	4.34	3.25	1372
Anxiety at wave two	4.57	3.40	1199
Anxiety at baseline (%)	14.1	–	1372
Anxiety at wave two (%)	15.1	–	1199
Depression at baseline (PHQ-9, 27 point scale)	3.98	4.26	1362
Depression at wave two	4.26	4.57	1202
Major depression at baseline (%)	10.4	–	1362
Major depression at wave two (%)	11.5	–	1202
MUDs at baseline (days, up to a maximum of 30)	3.19	6.37	1373
MUDs at wave 2	3.48	6.36	1198
Δ Time demands	−0.04	1.37	1095
Δ Low church morale	0.05	0.46	1077
Δ No day off	−0.02	0.48	1120
Δ Perceived effectiveness	−0.04	0.85	1066
Married (%)	85	–	1374
Household income (\$1,000 s)	81.63	43.81	1336
Local pastor (%)	28	–	1372
Retired pastor (but active) (%)	5	–	1372
Church tenure 2–9 years (%)	26.2	–	1375
Church tenure 10+ years (%)	64.0	–	1375
Time in ministry (years)	16.75	11.98	1374

<sup>a</sup> Total N = 1375, in rows where n < 1375, there are missing responses. The modeling approach used applies full information maximum likelihood to impute the missing data. Data are taken from the 2010 survey unless otherwise noted

(effect = 0.19). For those who had relocated 1 month prior, the only significant direct effect was a decrease in depression scores (effect = −0.18). Table 2 also demonstrates that the adverse effects of relocation on mental distress were largely due to indirect effects. The indirect effects are similar for those who had relocated 1 month or 1 year prior to wave 2 of the survey (Table 3).

In terms of the practical significance of these effects, translating our standardized path coefficients back to the units of the dependent variable yields the following. For depression, the standard deviation (SD) of depression was 3.98, which translates into the total effect of moving 1 month prior as a decrease of 0.30 standard deviations or 1.2 points on the PHQ-9. To put this in perspective, if we add 1.2 to the PHQ-9 scores of our population at baseline, the prevalence of depression increases from 10.4 to 13.8.

In terms of anxiety, the SD is 3.3 and the total direct effect path coefficient is −0.10 for those having moved in 2010. This translates into a decrease of 0.33 points

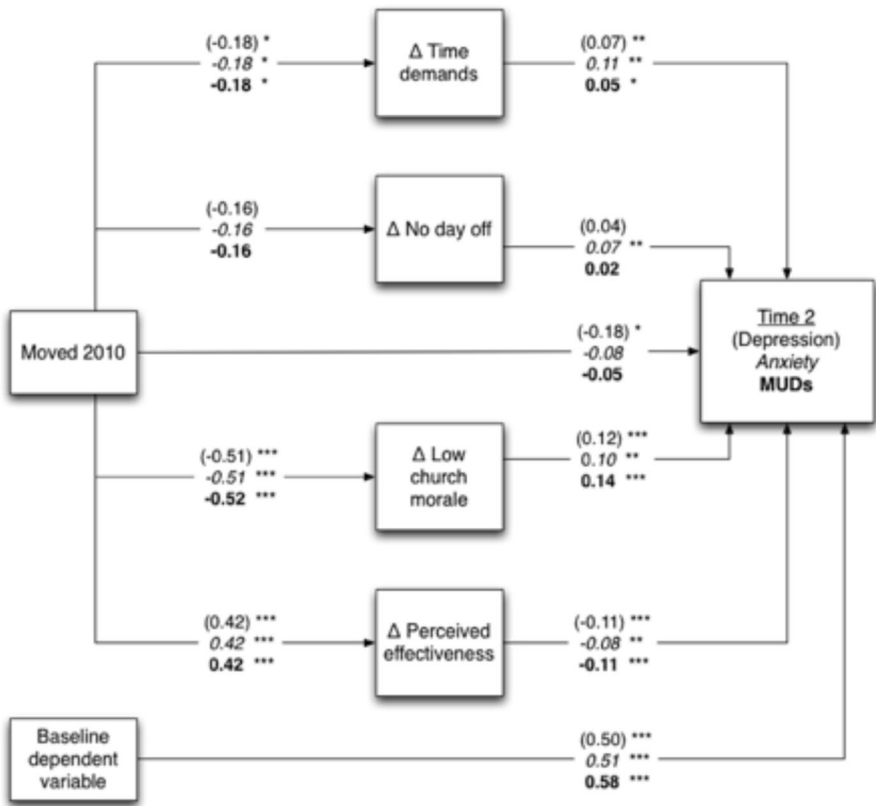


**Fig. 1** One-year post-move estimates of path models for depression (in parenthesis), anxiety (in italics), and mentally unhealthy days (bold) and whether the respondent moved in 2010. Results were estimated simultaneously with those for moving in 2009, but are presented separately for clarity. Coefficients for moving variables are semi-standardized, all others are fully standardized. \* $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$ ,  $N = 1375$

on the HADS anxiety scale. Adding 0.33 points to the HADS-A scores of our population at baseline does not change the prevalence of anxiety in the population. So, in practical terms, the significance of our results in terms of anxiety are small.

In terms of mentally unhealthy days (MUDs), the SD of MUDs is 6.36 and the path coefficient is  $-0.14$ , meaning that if you moved 1 month prior, there is a decrease of  $-0.896$  mentally unhealthy days. A nearly full day change in MUDs is a substantial impact.

In terms of changes to the structure and perception of occupational demands, compared to residentially stable clergy, relocating clergy reported fewer time demands, less exposure to low morale churches, and higher perceived effectiveness. The largest impact of relocation was on the clergy person's *perception* of congregational morale. Clergy who moved in 2009 and 2010 reported less exposure to low morale churches, averaging 0.59 and 0.52 standard deviations lower than non-relocating clergy. Relocating clergy also reported substantially higher



**Fig. 2** One-month post-move estimates of path models for depression (in parenthesis), anxiety (in italics), and mentally unhealthy days (bold) and whether the respondent moved in 2009. Results were estimated simultaneously with those for moving in 2010, but are presented separately for clarity. Coefficients for moving variables are semi-standardized, all others are fully standardized. \* $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$ ,  $N = 1375$

perceptions of personal effectiveness. Clergy who moved in 2009 reported changes in effectiveness that averaged 0.40 standard deviations higher than residentially stable clergy, and those who relocated in 2010 reporting an average advantage of 0.42 standard deviations. Clergy who relocated also reported a reduction in time demands: on average  $-0.23$  standard deviations for those who relocated in 2009 and  $-0.18$  standard deviations for those who moved in 2010.

### Discussion and Conclusions

Relocation studies generally indicate that the experience of moving increases mental distress (Forster 1990; Hutchings and Wahyuni Ratnasari 2006; Munton 1990; Pinder 1989). The current study suggests that this is not always the case—recently relocated clergy experienced *lower*, rather than higher mental distress.

**Table 2** Direct, indirect, and total effects by year of relocation for depression, anxiety, and mentally unhealthy days, clergy by time since move

	Depression	Anxiety	MUDs
Moved in 2009 (1 year prior to survey)			
Direct effect	NS	0.19	NS
Indirect effect	−0.13	−0.11	−0.14
Total effect	−0.13	0.08	−0.14
Moved 2010 (1 month prior to survey)			
Direct effect	−0.18	NS	NS
Indirect effect	−0.12	−0.10	−0.13
Total effect	−0.30	−0.10	−0.13

Total effects are calculated from the path coefficients. Significant results are presented whenever the *p* value for the effect is less than or equal to 0.05. N = 1375

**Table 3** Goodness of fit indices for path models predicting depression, anxiety and mentally unhealthy days

Model	Depression	Anxiety	MUDs
Fit index			
Chi Squared	120.1	108.5	114.4
Degrees of freedom	10	10	10
<i>p</i> value	<0.001	<0.001	<0.001
RMSEA (95 % CI)	0.089 (0.076, 0.0104)	0.085 (0.071, 0.099)	0.087 (0.073, 0.0102)
SRMR	0.028	0.027	0.027
Relative fit index	0.045	0.041	0.10

Relocation, whether experienced 1 month or 1 year prior, predicted *lower* levels of depression and MUDs. Although relocation predicted lower levels of anxiety for those who had recently relocated, the positive association between lower anxiety and relocation faded over time. For those who had relocated 1-year prior, levels of anxiety increased *vis a vis* those who did not relocate.

Workplace factors appeared to play a significant role in mediating the relationship between relocation and mental distress. Relocation, net of other factors, made it significantly less likely for clergy to report low morale in their congregations. Relocation also predicted higher levels of self-efficacy, which in turn mediated the negative association between relocation and mental distress. Being new to a congregation led clergy to report higher levels of effectiveness and made it less likely for them to report low morale in their churches. This provides evidence of what is termed here as a “honeymoon effect.” Newly arrived clergy have a more superficial understanding of the congregation, are less likely to have established relationships, and are therefore less likely to be aware of problems and conflicts in the congregation. It is reasonable to assume that clergy will have a more positive assessment of their effectiveness if they have less awareness of the challenges and conflicts in the congregation.

Studies of relocation and mental health have almost invariably focused on the stress that relocation produces (Lawson and Angle 1994; Moyle and Parkes 1999; Munton and Reynolds 1995). Prior to this study, researchers have paid little attention to the possibility that relocation might *reduce* mental distress. Our results indicate that a beneficial effect is possible. A positive benefit may operate when workers are moving from relationally demanding environments to ones with fewer challenges. We find evidence of a “honeymoon effect” where relocation, in and of itself, significantly *increased* the perceived effectiveness that clergy have of their work. Because the study population is of people in a single profession, in the same denomination and for the most part moving within state, it is reasonable to assume that the increase in perceived self-efficacy and the decrease in workplace demands are due to the lower levels of clergy embeddedness in the congregation. This idea is further bolstered by the fact that in our sample these benefits faded over time, presumably due to the re-creation of necessary but stressful conditions (e.g. deep interpersonal relationships with parishioners and knowledge of the congregation) that are part and parcel of the clergy occupation.

In addition, our results suggest that the effects of relocation on mental distress change over time. In this case, relocation reduced mental distress in the short-term, but those benefits faded as clergy became more established. Our results indicate that post-relocation, clergy experience a less demanding occupational environment. Because clergy experience fewer demands during their initial adjustment to a new congregation, they appear to experience less mental distress. However, within a year of relocation these benefits fade. Again, this finding is consistent with a “honeymoon effect.” The short-term benefits associated with starting a new position fade as clergy develop the relationships necessary to practice pastoral ministry and also become aware of the flaws and conflicts present in the congregation.

Future research could profit from addressing the limitations of this study. With regard to relocation, data collected more regularly throughout the relocation process would provide better leverage on what stressors and resources are typically present in the different phases of the relocation process. This study in particular would have benefited from measures of occupational conditions taken just prior to and immediately following relocation. In addition, cross-validation of these results from other occupations is particularly important, given that the occupational structure under which UM clergy labor is unusual when it comes to relocation. UM clergy know that frequent relocation is a requirement of their profession, and this expectation may soften the negative effects of moving.

These limitations notwithstanding, our results offer a rare look at the short- and long-term effects of relocation. Relocation is not necessarily a harmful event. While we examined workers in a single profession, relocating is a common experience for US workers and our findings may generalize to relocation in other occupations. This seems particularly likely for those professions that exhibit similar patterns of regular, planned relocation, such as the military. Furthermore, we identified specific mediators (taking a day off each week, perception of one’s own effectiveness), which may be amenable to intervention. As a whole, this study demonstrates that the

experience and perceptions of the occupational environment pre- and post-move are interwoven with the impact of relocation on mental distress.

## References

- Bandura, Albert, Concetta Pastorelli, Claudio Barbaranelli, and Gian Vittorio Caprara. 1999. Self-efficacy pathways to childhood depression. *Journal of Personality and Social Psychology* 76(2): 258–269.
- Berkes, Fikret, and Iain J. Davidson-Hunt. 2007. Communities and social enterprises in the age of globalization. *Journal of Enterprising Communities: People and Places in the Global Economy* 1(3): 209–221.
- Brett, Jeanne M. 1982. Job transfer and well-being. *Journal of Applied Psychology* 67(4): 450–463.
- Centers for Disease Control and Prevention (CDC). 2002. *Measuring healthy days monograph*. Atlanta, GA: CDC.
- Centers for Disease Control and Prevention (CDC). 2010. Current depression among adults—United States, 2006 and 2008. *MMWR. Morbidity and Mortality Weekly Report* 59(38): 1229–1235.
- Challiol, Helene, and Karim Mignonac. 2005. Relocation decision-making and couple relationships: A quantitative and qualitative study of dual-earner couples. *Journal of Organizational Behavior* 26(3): 247–274.
- Enders, Craig, and Deborah Bandalos. 2001. The relative performance of full information maximum likelihood estimation for missing data in structural equation models. *Structural Equation Modeling: A Multidisciplinary Journal* 8(3): 430–457.
- Forster, Nick S. 1990. Employee Job mobility and relocation. *Personnel Review* 19(6): 18–24.
- Gallagher, Matthew W., Alexander M. Schoemann, and Sarah D. Pressman. 2011. Mastery beliefs and intraindividual variability of anxiety. *Cognitive Therapy and Research* 35(3): 227–231.
- Goehl, Leslie, Edward Nunes, Frederic Quitkin, and Irma Hilton. 1993. Social networks and methadone treatment outcome: The costs and benefits of social ties. *The American Journal of Drug and Alcohol Abuse* 19(3): 251–262.
- Hutchings, Kate, and Sri Wahyuni Ratnasari. 2006. Cross-cultural non-work transition stresses: Domestic transferees in Indonesia. *Cross Cultural Management: An International Journal* 13(2): 114–131.
- Ihnke, David. 2014. Reason for Moving: 2012 to 2013. *United States Census Bureau* 15.
- Kay, William R. 2000. Role conflict and british pentecostal ministers. *Journal of Psychology and Theology* 28(2): 119–124.
- Kessler, Ronald C., Wai Tat Chiu, Olga Demler, Kathleen R. Merikangas, and Ellen E. Walters. 2005. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the national comorbidity survey replication. *Archives of General Psychiatry* 62(6): 617–627.
- Von Kircheneim, Clement, and Warnie Richardson. 2005. Teachers and their international relocation: The effect of self-efficacy and flexibility on adjustment and outcome variables. *International Education Journal* 6(3): 407–416.
- Kroenke, K., R.L. Spitzer, and J.B.W. Williams. 2001. The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine* 16(9): 606–613.
- Kuhne, Gary William, and Joe Donaldson. 1995. Balancing ministry and management: An exploratory study of pastoral work activities. *Review of Religious Research* 37(2): 147–163.
- Lawson, Marian B., and Harold L. Angle. 1994. When organizational relocation means family relocation: An emerging issue for strategic human resource management. *Human Resource Management* 33(1): 33–54.
- Lê, Jane K., Patrick A. Tissington, and Pawan S. Budhwar. 2010. To move or not to move: A question of family? *The International Journal of Human Resource Management* 21(1): 17–45.
- Marshall, Judi, and Cary L. Cooper. 1979. *Executives under pressure: A psychological study*. London: Macmillan.
- Martin, Robin. 1995. The effects of prior moves on job relocation stress. *Journal of Occupational and Organizational Psychology* 68(1): 49–56.
- Martin, Robin. 1996. A longitudinal study examining the psychological reactions of job relocation. *Journal of Applied Social Psychology* 26(3): 265–282.

- Moyle, Penny, and Katharine Parkes. 1999. The effects of transition stress: A relocation study. *Journal of Organizational Behavior* 20(5): 625–646.
- Munton, Anthony G. 1990. Job relocation, stress and the family. *Journal of Organizational Behavior* 11(5): 401–406.
- Munton, Anthony G., and Shirley Reynolds. 1995. Family functioning and coping with change: A longitudinal test of the circumplex model. *Human Relations* 48(9): 1055–1072.
- National Center for Health Statistics. 2016. Health Indicators by State. Retrieved June 16, 2016. [http://www.healthindicators.gov/Indicators/Mentally-unhealthy-days-adults-per-person\\_9/Profile/ClassicData](http://www.healthindicators.gov/Indicators/Mentally-unhealthy-days-adults-per-person_9/Profile/ClassicData).
- Olsson, Ingrid, Arnstein Mykletun, and Alv A. Dahl. 2005. The hospital anxiety and depression rating scale: A cross-sectional study of psychometrics and case finding abilities in general practice. *BMC Psychiatry* 5(1): 46.
- Pearlin, Leonard I. 1989. The sociological study of stress. *Journal of Health and Social Behavior* 30(3): 241.
- Pearlin, Leonard I., Elizabeth G. Menaghan, Morton A. Lieberman, and Joseph T. Mullan. 1981. The stress process. *Journal of Health and Social Behavior* 22(4): 337.
- Pickard, Joseph G., and Baorong Guo. 2008. Clergy as mental health service providers to older adults. *Aging and Mental Health* 12(5): 615–624.
- Pinder, Craig C. 1989. The dark side of executive relocation. *Organizational Dynamics* 17(4): 48–58.
- Riley, Dave, and John Eckenrode. 1986. Social ties: Subgroup differences in costs and benefits. *Journal of Personality and Social Psychology* 51(4): 770–778.
- Smider, Nancy A., Marilyn J. Essex, and Carol D. Ryff. 1996. Adaptation to community relocation: The interactive influence of psychological resources and contextual factors. *Psychology and Aging* 11(2): 362–372.
- Smith, Kirsten P., and Nicholas A. Christakis. 2008. Social networks and health. *Annual Review of Sociology* 34(1): 405–429.
- Tang, Catherine S.K. 2009. The influence of family-work role experience and mastery on psychological health of Chinese employed mothers. *Journal of Health Psychology* 14(8): 1207–1217.
- Zigmond, A.S., and R.P. Snaith. 1983. The hospital anxiety and depression scale. *Acta Psychiatrica Scandinavica* 67(6): 361–370.
- Zulkosky, Kristen. 2009. Self-efficacy: A concept analysis. *Nursing Forum* 44(2): 93–102.