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Assessing the Influence of Self-Esteem and Emotional Intelligence on Psychopathological Symptoms among Trainee Christian Clerics

Oluseyi Abiodun Alakija[1], Ebenezer Olutope Akinnawo[2], Bede Chinonye Akpunne[1]*, Daniel Oluwasanmi Kumuyi[1]

[1]Department of Behavioural Studies, Faculty of Social Sciences, Redeemer's University, Ede, Osun State, Nigeria
[2]Department of Pure and Applied Psychology, Faculty of Social Sciences, Adekunle Ajasin University, Akungba-Akoko, Ondo State, Nigeria
Email: *akpunneb@run.edu.ng

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Abstract

This study was carried out to observe the link between self-esteem, emotional intelligence (EQ) and psychopathology. A cross-sectional survey research design was adopted for the study. Purposive sampling techniques led to the selection of 466 participants from Redeemed Christian College of Missions, Ede, Osun State and Redeemed Christian Bible College, Mowe Ogun State, Nigeria. The participants responded to Christian Ministers Psychopathological Scale (CMPS), the Self Esteem Questionnaire (SEQ), and Schutte Self Report Emotional Intelligence Test (SSEIT). The domains of self-esteem had a joint significant predictive influence on psychopathological symptoms among the participants [$F(6, 465) = 6.142$, $p = .000$]. Emotional intelligence (EQ) scores significantly predicted levels of psychopathological symptoms among the participants [$F(6, 465) = 8.552$, $p = .004$]. Self-esteem and emotional intelligence jointly and significantly predicted psychopathological symptoms among trainee ministers [$F(6, 465) = 11.263$, $p = .000$]. Further analysis showed that self-esteem has an independent predictive influence on psychopathological symptoms ($\beta = .183$, $p = .000$). The authors recommend that pastors should pay attention to their mental health. Christian organisations need to create awareness of the benefits of healthy self-esteem and emotional intelligence among both intending and serving ministers to prevent triggers of psychopathologies.

Keywords

Self-Esteem, Emotional Intelligence, Psychopathological Symptoms, Clerics

1. Introduction

Like other professionals in the service or caregiving industry, Christian Ministers are exposed to several challenges that, if not well handled, can severely affect the quality of their output. Just like all employees, they experience rewards and stressors within their work. Ministers or Clergy who are effective are unusual in that they feel called by God to their vocation (DeShon, 2012; Campbell, 1994). This call, or the desire to serve God in any ministry, can arise from a specific extraordinary incident or event, years of discernment, religious mentors identifying an individual as a potential leader, or all three. Irrespective of how the call to ministry occurs, it is always sacred.

The word "sacred" refers to holy concepts set apart from ordinary things and have divinity or God at their heart (Pargament & Mahoney, 2005). The sacred beliefs have severe implications, as further explained by the sanctification theory. Sanctification theory asserts that when someone gives sacred meaning to something, they will: exert substantial energy and time for it; fiercely protect it; experience strong emotions around it; draw on it as a resource, and experience desolation if it is lost (Pargament & Mahoney, 2005). Christian ministers or clergies, therefore, experience stronger pulls to their work than employees in other professions, and the stakes of perceived failure are higher for Christian ministers than for other employees (Meek et al., 2003). Thus, due to the sacred significance that Christian ministers attribute to their work, work-related accomplishments and stressors may strongly impact them, giving rise to either being in good mental health or experiencing psychopathological conditions. By perceiving their work as sacred, they have a stronger pull to their work than other employees.

Christian ministers as an occupational group are an exciting population area of study for psychopathology. The first is in terms of life orientations. Many ministers strive to live engaged and meaningful lives, which Duckworth and colleagues hypothesised leads to more excellent positive mental health (2005). The second reason is that they share characteristics with other caregiving populations. For example, both caregivers and Clergy feel a strong calling to their work. This call may motivate them to continue working in the presence of negative symptoms of psychopathology (Borish, 2009). Another reason is that among both caregivers and Christian ministers, in the process of rendering service or care to others, their health may suffer neglect (Proeschold-Bell et al., 2011). The effect of this may be their inability to spend quality and enough time on events or activities that may boost their positive mental health. It is also important to state that ample opportunities are provided to deploy positive character attributes and experience a purposeful or meaningful life while performing their duties.

According to Carroll (2006), the Christian minister function as Preacher, Ritualist, Teacher, Organizer, Administrator, and Pastor. Working across these roles makes ministers experience high role complexity and role overload due to

the breadth of competencies they need to fulfill these roles and how often they must transit between roles (DeShon, 2012). Their success rests firmly on the acceptance of the person or Personality of the minister. This may have to do directly with their possession of certain fundamental attributes in interpersonal relationships or, more specifically, a good understanding of some psychological constructs; self-esteem and emotional intelligence.

The fact that religion and health have connections (Ellison & Levin, 1998) has been substantiated lately by different bodies of research among clinicians (Koenig, 1998; Koenig et al., 2000). That religion might have something to say about mental health, for good or bad, has been a sensitive and contentious issue (Levin, 2010). On average and across studies, the weight of evidence suggests that religion, however, assessed, is a general protective factor for mental illness (Levin, 2010).

Christian ministers get involved in many situations with challenging outcomes. Some of these situations are stressful and interpersonal (Proeschold-Bell et al., 2011). Clerics engage in grief counselling and officiate funerals. They are the first support sought by nearly one-quarter of all people in the United States seeking help for a serious mental illness (Wang, et al., 2003). The statistics in developing countries may be higher. In addition, ministers frequently negotiate difficult situations, such as the conflict in the church's role in the surrounding community and spending limited church funds (Kuhne & Donaldson, 1995). These situations do not have right or wrong answers, exposing the pastors to criticism. Furthermore, congregants within the same congregation may have different opinions on how to proceed, making it impossible for the pastor to please everyone. Christian ministers must also try to establish a shared vision for the church and then lead a typically all-volunteer staff of congregants to enact that vision.

In addition, the communities surrounding churches vary, and while some churches are thriving and expanding, others are struggling and shrinking. The most important is the pastor's obvious family, for whom congregants often have additional expectations (Lee & Iverson-Gilbert, 2003; Morris & Blanton, 1998). Therefore, Christian ministers need balanced mental health and a robust knowledge of some psychological factors and spiritual enablement for practical ministry work. Recently, there seems to be an increase in Christian ministers experiencing mental health challenges. At least about 35% of pastors have been reported to have experienced or are having a struggle with depression, and 26% are overly fatigued (Francis, 2016).

There is an obvious increase in the number of spiritual houses, ministries and churches across the globe. This comes with an attendant increase in the number of people (ministers) overseeing such formations. In the United States of America, for example, it was estimated that there are 230,800 clergy of all faiths, which is an indication that it is a growing profession (Proeschold-Bell et al., 2015). Though there are no clear cut statistics in Nigeria, the proliferation of ministries

and churches is certain that the profession grows. There is a general assumption that more and more people seek to resolve their problems and challenges through spiritual means. The church is one of the significant channels for this. Suppose this assumption is anything to go by. In that case, there must be concerted efforts to ensure that ministers have optimal performance on their assignments, maintain good mental health status throughout their service tenure, and keep good family and congregational relationships. Therefore, the Christian minister is expected to possess good self-esteem, emotional intelligence, and other things.

Many casualties reported recently by the media among Christian organisations may suggest that serious attention has not been placed on the importance of the frontline workforce's psychological/mental health status; recently (Wikipedia, 2021; Doris, 2021). Some of these cases may look like ordinary healthy people, but it may be difficult to rule out underlying psychological issues. "Prevention they say is better than cure," While looking at the psychological health of serving ministers, that of those recruited for training as future workforce (trainee ministers) should be of more significant concern. The emphasis during recruitment is usually on their educational qualifications and confirmation of the call of God on the applicants. There is no deliberate assessment of the psychological health of these applicants for visible or underlying psychopathologies. There is also no measurement or assessment of emotional intelligence and self-esteem levels during the recruitment process or involvement of mental health experts on the recruitment panels for ministers by most if not all Christian organisations, particularly in Nigeria.

The curricula for training ministers in most colleges emphasise these two essential psychological factors: emotional intelligence and self-esteem, which all employees need in the service or caregiving profession (namely social workers, medical providers, teachers and Clergy or ministers). This assumption is in accord with the findings from work carried out and reported by (Francis, 2016), where 53% of the ministers who participated in the research reported that the seminary had not prepared them well enough for the ministerial work.

Self-esteem and EQ have been associated with mental health (Mayer et al., 2008; Sowislo & Orth, 2013). Self-esteem is the "feeling of self-appreciation" and is an indispensable emotion for people to adapt to society and live their lives (Hosogi et al., 2012). Self-esteem is seen as a basic feature of mental health and a protective factor that contributes to better health and positive social behaviour through its role as a buffer against negative influences (Mann et al., 2004). Low levels of self-esteem are associated with severe mental problems such as depression, anxiety (Sowislo & Orth, 2013) and eating disorders (Silvera et al., 1998).

Emotional Intelligence (EQ) refers to recognising and regulating emotions in ourselves and others (Goleman, 2001). Mental and behavioural disorders are psychopathological conditions affecting more than 25% of all people during their lives. These psychopathological conditions are present in about 10% of the

adult population at any point in time. They are also universal, affecting people of all races, across all ages, with no regard for gender and socioeconomic status (WHO Report, 2001).

It is, therefore, against this background that this study attempted to assess the association between emotional intelligence, self-esteem and psychopathology among trainee Christian clerics. Three research hypotheses were set as a guide to the study. First, the self-esteem level will significantly predict psychopathological symptoms among trainee RCCG ministers. Secondly, emotional intelligence level will significantly predict psychopathological symptoms among trainee RCCG ministers. Thirdly, self-esteem and emotional intelligence will jointly predict psychopathological symptoms among trainee RCCG ministers.

2. Method and Materials

Participants

The target population for the study are part-time and full-time ministers of the Redeemed Christian Church of God with International Headquarters in Nigeria. The participants were drawn from full-time students of the Redeemed College of Missions and the Redeemed Christian Bible College in Ede, Osun and Ogun States, southwestern Nigeria. The total population of full-time students for both institutions is about 500 (as of July 2021). A purposive sampling technique was used to select 466 participants (401 male and 61 female; age range between 17 - 67 years; mean age 33 years).

Measures

Three instruments were used for data collection in this study. These are the Self Esteem Questionnaire (SEQ) (Dubois et al., 1996), Christian Ministers Psychopathological Scale (CMPS) (Alakija et al., 2022), and Schutte Self Report Emotional Intelligence Test (SSEIT) (Schutte, 1998).

SEQ is a 42-item measure of self-esteem. Each item is rated on a 4-point scale ranging from strongly disagree to strongly agree and is scored 1 to 4 in the direction of positive self-esteem. SEQ has six dimensions. These are peer relations (8 items), family (8 items), school or academic (8 items), sports/athletics (6 items), body image (4 items), and global feelings of self-worth (8 items). SEQ has a Cronbach's alpha coefficient of .95 (Dubois et al., 1996).

The Christian Ministers Psychopathological Scale (CMPS) is a 15-item scale scored on a five-point Likert scale. It has a Cronbach's coefficient (α) of .79, a Spearman-Brown coefficient of .78, and a Guttman Split-Half coefficient of .78. Also, a congruence validity coefficient of ($r = .368$, $p = .035$); was observed between CMPS and Depression Anxiety and Stress Scale (DASS-14) (Lovibond & Lovibond, 1995).

The Schutte Self Report Emotional Intelligence Test (SSEIT) has 33 items measured on a five-point scale ranging from 1-strongly disagree to 5-strongly agree. The SSEIT measures general EQ with four factors: emotion perception, utilising emotions, managing self-relevant emotions, and managing others' emotions (Schutte et al., 1998). The scores of each of these factors are graded and

then added together to find the total score for an individual's general EQ score. The SSEIT has demonstrated high internal consistency with Cronbach's ranging from .87 to .90 and a two-week test-retest reliability coefficient of .78 (Schutte et al., 1998). SSEIT has been validated among Nigerian samples yielding a Cronbach Alpha coefficient of .90 (Aniemeka et al., 2020).

Statistical analysis: Data was analysed using the statistical package for the social sciences (SPSS pack 23). Descriptive (frequency count) and inferential (Pearson's r and regression analysis) statistics were used in this study

3. Results

Demographic distribution of respondents

Table 1. Socio-demographic characteristics of participants.

Variable		Frequency	Percentage
Gender	Male	401	86.1
	Female	65	13.9
	Total	466	100.0
Age		Mean ± SD	32.87 ± 8.49
Marital status	Single	182	39.1
	Married	268	57.5
	Widowed	7	1.5
	Separated	9	1.9
	Total	466	100.0

Correlation matrix of variables

Table 2 is a correction matrix of self-esteem, emotional intelligence and psychopathological symptoms. As summarized in Table 1 there is a significant positive

Table 2. Correlation matrix of self-esteem, emotional intelligence and severities of psychopathological symptoms among trainee RCCG ministers.

		M	SD	1	2	3	4	5	6	7	8	9
1	CMPS total	54.09	12.31	1								
2	Emotional intelligence	125.02	22.66	.135**	1							
3	Self Esteem	118.25	21.67	.207**	.389**	1						
4	Colleagues	23.03	4.68	.134**	.377**	.913**	1					
5	Academic	22.47	4.84	.172**	.360**	.909**	.838**	1				
6	Family	20.74	4.29	.175**	.324**	.886**	.740**	.736**	1			
7	Sports	17.48	3.64	.206**	.312**	.888**	.746**	.734**	.786**	1		
8	Body Image	12.04	2.48	.230**	.366**	.803**	.674**	.663**	.676**	.739**	1	
9	Global self esteem	22.46	4.34	.222**	.344**	.913**	.802**	.800**	.772**	.775**	.682**	1

correlation between psychopathological symptoms and Emotional Intelligence (r = .135, p = .000). Also, significant positive correlation exists between psychopathological symptoms and self-esteem (r = .207, p = .000); and the dimensions of self-esteem colleagues (r = .134, p = .000); academic (r = .172, p = .000); family (r = .175, p = .000); sports (r = .206, p = .000); body image (r = .230, p = .000); and global self-esteem (r = .222, p = .000).

Test of hypotheses

A multiple regression analysis was conducted to determine whether the domains of self-esteem have significant joint and independent predictive influence on psychopathological symptoms among RCCG ministers in training. The result shown in Table 3 reveals that the domains of self-esteem had a joint significant predictive influence on psychopathological symptoms among the participants [F (6, 465) = 5.42, p = .000]. The analysis suggests that an 8.3% variance of psychopathological symptoms is explained by the joint influence of domains of self-esteem among RCCG ministers in training. Further analysis show that the domains of self-esteem with significant independent influence on self-esteem are, peer (β = -.295, $p < .05$); family (β = .208, p < 0.05) and global self-esteem (β = .222, $p < .05$). While academic (β = .033, $p > .05$); sports (β = −.069, $p > 0.05$); and body image (β = −.013, $p > .05$) had no significant independent influence. Based on this result, it is concluded that the domains of self-esteem have a statistically significant joint predictive influence on psychopathological symptoms among RCCG ministers in training.

A regression analysis was conducted to determine whether Emotional Intelligence (EQ) significantly predicted scores of psychopathological symptoms among trainee RCCG ministers. The result shown in Table 4 reveals that emotional intelligence scores significantly predicted levels of psychopathological symptoms among the participants [F (6, 465) = 8.55, p = .004]. The analysis in Table 4 showed an R^2 of.018. This suggests that a 1.8% variance of psychopathological symptoms is explained by the EQ score of the trainee pastors of RCCG. Based on this result, it is concluded that EQ has a statistically significant

Table 3. Regression analysis of factors of self-esteem scores on psychopathological symptoms among trainee RCCG ministers.

	B	β	T	Sig	R	R^2	F	P
(Constant)	40.727		3.529	.000				
Peer	−.793	−.294	−2.814	.005				
Academic	.088	.033	.295	.768				
Family	.677	.208	2.170	.031	.289	.083	5.42	.000
Sports	.245	.069	.719	.472				
Body image	−.082	−.013	−.176	.861				
Global self esteem	.653	.222	2.088	.038				

Table 4. Regression analysis of emotional intelligence scores on psychopathological symptoms among trainee RCCG ministers.

	B	β	T	Sig	R	R^2	F	P
(Constant)	44.95		14.15	.000	.135	.018	8.55	.004
Emotional intelligence	.073	.135	2.92	.004				

Table 5. Multiple regression analysis of joint prediction of Self-esteem and emotional Intelligence will jointly predict psychopathological symptoms among trainee RCCG ministers.

	B	β	T	sig	R	R^2	F	P
(Constant)	37.51		10.08	.000				
Self Esteem total	.10	.18	3.71	.000	.215	.046	11.263	.000
Emotional intelligence Total	.04	.06	1.29	.198				

independent predictive influence on psychopathological symptoms among trainee RCCG ministers.

A multiple regression analysis was conducted to determine whether self-esteem and EQ jointly and significantly predicted scores of psychopathological symptoms among trainee RCCG ministers. The result shown in Table 5 reveals that self-esteem and emotional intelligence jointly and significantly predicted scores of psychopathological symptoms among trainee RCCG ministers [F (6, 465) = 11.263, p = .000]. The analysis showed an R^2 of.215. This suggests that a 21.5% variance of psychopathological symptoms is explained by the joint influence of the trainee ministers' self-esteem and emotional intelligence score. Further analysis shows that self-esteem has an independent predictive influence on psychopathological symptoms (β = .18, p = .000), while emotional intelligence had no significant independent influence on psychopathological symptoms (β = .06, p = .198). This result concluded that self-esteem and EQ have a statistically significant joint predictive influence on psychopathological symptoms among trainee RCCG ministers.

4. Discussions

The findings of our study revealed that self-esteem is a significant predictor of psychopathology among trainee ministers. Evidence abound that a person with high self-esteem has a high level of mental health and self-harmony (Peng et al., 2013), feels more competent, more confident, has more active engagement in daily activities, is more productive, tends to exhibit optimistic attitudes and sound psychological health (Maslow, 1987; Taylor & Brown, 1988; Baumgardner, 1990; Rutter, 1997). Additionally, individuals with high self-esteem have self-direction, non-blaming others, demonstrate personal strength, has the ability to solve problems, and control emotions (Eremie & Chikweru, 2015). These attributes are needed for proper functioning, especially among service providers

such as Christian clerics (Carroll, 2006). On the other hand, a person with low self-esteem often feels desperate, inferior, hopeless, and unhappy and may get neurosis, depression and high suicidal ideation (Maslow, 1987; Roberts et al., 1996; Mruk, 1995; Nunley, 1996). Hence by implication, Christian ministers with low self-esteem are not likely to contribute meaningfully to the needs of their congregation. This finding is in line with Trzesniewski et al. (2006), who reported that low self-esteem could lead to misconduct and psychological distress.

Secondly, EQ was found to predict psychopathological symptoms significantly. This research finding supports previous results (Balluerka et al., 2013; Kendall et al., 2014). Some previous research found an inverse relationship between EQ, poor mental health and burnout (Schutte et al., 1998; Maslach & Jackson, 1986). Similarly, Iqbal, & Abbasi (2013), Kaur et al. (2013), and Görgens-Ekermans and Brand (2012) found a significant association between EQ stress and job burnout. The authors concluded that EQ might help diminish burnout when chronic stress is experienced. Our finding thus suggests that EQ has a vital role in reducing the risk of health problems, both somatic and psychological. In accord with previous research (Di Fabio & Saklofske, 2014; Higgins et al., 2015; Yin, 2015), people who understand and appropriately manage their emotions have a lower risk of psychological and somatic problems; since they know how to analyse and cope with the possible effects and avoid ending up suffering from any kind of pathology. In other words, individuals with high EQ will manifest a lower predisposition to such disorders as burnout syndrome, as they possess the ability to cope with long-term stressful situations (Ben-Zur & Michael, 2007; Chaves & Park, 2015).

Depression has been attributed to a low EQ (Schutte et al., 1998; Schutte, et al., 2002). Hollander (2002) revealed that EQ is related to other mental health variables and is significantly correlated to higher self-esteem and positive mood levels among individuals. This research finding also supports Chamorro-Premuzic et al. (2007), who posited that persons with a high level of EQ tend to have more positive traits, are happier and are more successful in life than others. In the same line, Salovey et al. (2002) and Mayer et al. (1999) reported that people with a high level of EQ have more adaptive coping methods than those with low EQ. Also, people with high EQ have better interpersonal relations (Austin et al., 2005).

Finally, our findings showed that EQ and self-esteem jointly and significantly predicted psychopathological symptoms among the participants. This finding supports a previous research study that revealed emotional intelligence is related to high self-esteem (Carvalho et al., 2018). Perry and Ball (2005) found a link between emotional intelligence and self-esteem. According to Petrides and Furnham (2003), positive emotional intelligence strongly predicts better psychological adjustment. In contrast, low EQ significantly relates to depression and harmful and distressing behaviours (Petrides & Furnham, 2003). This is similar

to the finding from this study that a low level of emotional intelligence among trainee ministers predicted psychopathological symptoms.

5. Conclusion

Self-esteem and emotional intelligence are essential tools for effective and quality ministerial practice. Christian organisations and their members and stakeholders in the caregiving profession who are aware of these findings will ultimately prefer an emotionally intelligent minister with high self-esteem. Several other conclusions can be drawn from this study. First, low self-esteem is a predictor of psychopathological symptoms among the participants. Secondly, EQ is a strong predictor of psychopathological symptoms among trainee ministers. Thirdly, self-esteem and emotional intelligence are significant joint predictors of severities of psychopathological symptoms among trainee RCCG ministers.

This result implies that Christian organisations need to deliberately create awareness of the benefits of healthy levels of self-esteem and emotional intelligence among their ministers (intending and serving). Also, religious organisations should pay closer attention to the mental health status of their leaders. This awareness we recommend could be carried out in the form of incorporating a psychological programme that would boost the self-esteem and EQ in the existing curriculum of the training minister and Christian ministers' workshops, seminars and conferences. These relevant psychological training would help prevent and reduce the prevalence and severities of psychopathology symptoms among Christian clerics.

Informed Consent

Regarding international standards participants, written consent was obtained for this study. Ethical Approval The research intention and procedure were examined and approved by the Internal Research Ethics Committee (IREC) of Redeemer's University, Ede, Osun State, Nigeria, and the Redeemed Christian Church of God Administration. The research was carried out following the ethical standards laid down in the 1964 declaration of Helsinki.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

References

Alakija, O. A., Akinnawo, E. O., Akinbobola, O. I., & Akpunne, B. C. (2022). Development and Validation of Christian Ministers Psychopathological Scale (CMPS). *Journal of Education, Society and Behavioural Science, 35,* 29-37. https://doi.org/10.9734/jesbs/2022/v35i230404

Aniemeka, O. O., Akinnawo, O. E., & Akpunne, B. C. (2020). Validation of the Schutte Self-Report Emotional Intelligence Test (SSEIT) on Nigerian Adolescents. *Journal of Education and Practice, 11,* 177-181.

https://www.iiste.org/Journals/index.php/JEP/article/view/53254

Austin, E. J., Evans, P., Goldwater, R., & Potter, V. (2005). A Preliminary Study of Emotional Intelligence, Empathy and Exam Performance in First-Year Medical Students. *Personality and Individual Differences, 39,* 1395-1405. https://doi.org/10.1016/j.paid.2005.04.014

Balluerka, N., Aritzeta, A., Gorostiaga, A., Gartzia, L., & Soroa, G. (2013). Emotional Intelligence and Depressed Mood in Adolescence: A Multilevel Approach. *International Journal of Clinical and Health Psychology, 13,* 110-117. https://doi.org/10.1016/S1697-2600(13)70014-0

Baumgardner, A. H. (1990). To Know Oneself Is to Like Oneself: Self-Certainty and Self-Affect. *Journal of Personality and Social Psychology, 58,* 1062-1072. https://doi.org/10.1037/0022-3514.58.6.1062

Ben-Zur, H., & Michael, K. (2007). Burnout, Social Support, and Coping at Work among Social Workers, Psychologists, and Nurses: The Role of Challenge/Control Appraisals. *Social Work in Health Care, 45,* 63-82. https://doi.org/10.1300/J010v45n04_04

Borish, A. (2009). *Center for Health: Occupational Stressors Comparison.* General Board of Pensions and Health Benefits of the United Methodist Church. http://www.gbophb.org/userfiles/file/health/CFH/occupational_stressors_comparison.pdf

Campbell, D. M. (1994). *The Call to Ordained Ministry: Who Will Go for Us? An Invitation to Ordained Ministry* (pp. 26-59). Abingdon Press.

Carroll, J. W. (2006). *God's Potters: Pastoral Leadership and Shaping the Congregations.* Williams Eerdmans Publishing Company.

Carvalho, V. S., Guerrero, E., & Chambel, M. J. (2018). Emotional Intelligence and Health Students' Well-Being: A Two-Wave Study with Students of Medicine, Physiotherapy and Nursing. *Nurse Education Today, 63,* 35-42. https://doi.org/10.1016/j.nedt.2018.01.010

Chamorro-Premuzic, T. (2007). *Personality and Individual Differences.* Blackwell.

Chaves, C., & Park, C. L. (2015). Differential Pathways of Positive and Negative Health Behavior Change in Congestive Heart Failure Patients. *Journal of Health Psychology, 21,* 1728-1738. https://doi.org/10.1177/1359105314564812

DeShon, R. P. (2012). *Clergy Effectiveness: National Survey Results Summary.* General Board of Higher Education and Ministry. https://www.gbhem.org/wp-content/uploads/2019/06/exec-summary.pdf

Di Fabio, A., & Saklofske, D. H. (2014). Comparing Ability and Self-Report Trait Emotional Intelligence, Fluid Intelligence, and Personality Traits in Career Decision. *Personality and Individual Differences, 64,* 174-178. https://doi.org/10.1016/j.paid.2014.02.024

Doris, I. I. (2021, March 9). *Popular Nigerian Pastor Slumps, Dies While Preaching on Sunday.* TopNaija.ng. https://topnaija.ng/popular-nigerian-pastor-slumps-dies-while-preaching/

DuBois, D. L., Felner, R. D., Brand, S., Phillips, R. S., & Lease, A. M. (1996). Early Adolescent Self-Esteem: A Developmental-Ecological Framework and Assessment Strategy. *Journal of Research on Adolescence, 6,* 543-579.

Duckworth, A. L., Steen, T. A., & Seligman, M. E. P. (2005). Positive Psychology in Clinical Practice. *Annual Review of Clinical Psychology, 1,* 629-651. https://doi.org/10.1146/annurev.clinpsy.1.102803.144154

Ellison, C. G., & Levin, J. S. (1998). The Religion-Health Connection: Evidence, Theory,

and Future Directions. *Health Education & Behavior, 25,* 700-720.
https://doi.org/10.1177/109019819802500603

Eremie, M. D., & Chikweru, A. E. (2015). Self Esteem among Private and Public Secondary Schools Students in Rivers State: Implications for Counselling. *Kuwait Chapter of the Arabian Journal of Business and Management Review, 4,* 1-6.
https://doi.org/10.12816/0018994

Francis, A. (2016). *Statistics on Pastors: 2016 Update.* Schaeffer Institute of Church Leadership Development. http://www.churchleadership.org/

Goleman, D. (2001). Emotional Intelligence: Issues in Paradigm Building. In D. Goleman, & C. Cherniss (Eds.), *The Emotionally Intelligent Workplace* (pp. 1-13). Jossey-Bass.

Görgens-Ekermans, G., & Brand, T. (2012). Emotional Intelligence as a Moderator in the Stress-Burnout Relationship: A Questionnaire Study on Nurses. *Journal of Clinical Nursing, 21,* 2275-2285. https://doi.org/10.1111/j.1365-2702.2012.04171.x

Higgins, N. C., Bailey, S. J., LaChapelle, D. L., Harman, K., & Hadjistavropoulos, T. (2015). Coping Styles, Pain Expressiveness, and Implicit Theories of Chronic Pain. *The Journal of Psychology, 149,* 737-750. https://doi.org/10.1080/00223980.2014.977759

Hollander, S. (2002). Characteristics of Emotional Intelligence and Emotional Wellbeing. *Cognition and Emotion, 16,* 769-785. https://doi.org/10.1080/02699930143000482

Hosogi, M., Okada, A., Fujii, C., Noguchi, K., & Watanabe, K. (2012). Importance and Usefulness of Evaluating Self-Esteem in Children. *BioPsychoSocial Medicine, 6,* Article No. 9. https://doi.org/10.1186/1751-0759-6-9

Iqbal, F., & Abbasi, F. (2013). Relationship between Emotional Intelligence and Job Burnout among Universities Professors. *Asian Journal of Social Sciences & Humanities, 2,* 219-229.

Kaur, D., Sambasivan, M., & Kumar, N. (2013). Effect of Spiritual Intelligence, Emotional Intelligence, Psychological Ownership and Burnout on Caring Behaviour of Nurses: A Cross-Sectional Study. *Journal of Clinical Nursing, 22,* 3192-3202.
https://doi.org/10.1111/jocn.12386

Kendall, A. D., Wilt, J., Walls, C. E., Scherer, E. A., Beardslee, W. R., Revelle, W., & Shrier, L. A. (2014). The Social Context of Positive and Negative Affective States in Depressed Youth. *Journal of Social and Clinical Psychology, 33,* 805-830.
https://doi.org/10.1521/jscp.2014.33.9.805

Koenig, H. G. (Ed.) (1998). *Handbook of Religion and Mental Health.* Academic Press.

Koenig, H. G., McCullough, M. E., & Larson, D. B. (2000). *Handbook of Religion and Health.* Oxford University Press.

Kuhne, G. W., & Donaldson, J. F. (1995). Balancing Ministry and Management: An Exploratory Study of Pastoral Work Activities. *Review of Religious Research, 37,* 147-163.
https://doi.org/10.2307/3512398

Lee, C., & Iverson-Gilbert, J. (2003). Demand, Support, and Perception in Family-Related Stress among Protestant Clergy. *Family Relations, 52,* 249-257.
https://doi.org/10.1111/j.1741-3729.2003.00249.x

Levin, J. (2010). Religion and Mental Health: Theory and Research. *International Journal of Applied Psychoanalytic Studies, 7,* 102-115. https://doi.org/10.1002/aps.240

Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the Depression Anxiety Stress Scales* (2nd ed.). Psychology Foundation.

Mann, M. M., Hosman, C. M., Schaalma, H. P., & De Vries, N. K. (2004). Self-Esteem in a Broad-Spectrum Approach for Mental Health Promotion. *Health Education Research,*

19, 357-372. https://doi.org/10.1093/her/cyg041

Maslach, C., & Jackson, S. E. (1986). *Maslach Burnout Inventory Manual* (2nd ed.). Consulting Psychologists Press.

Maslow, A. H. (1987). *Motivation and Personality* (3rd ed.). Harper and Row.

Mayer, J. D., Caruso, D., & Salovey, P. (1999). Emotional Intelligence Meets Traditional Standards for an Intelligence. *Intelligence, 27,* 267-298. https://doi.org/10.1016/S0160-2896(99)00016-1

Mayer, J. D., Salovey, P., & Caruso, D. R. (2008). Emotional Intelligence: New Ability or Eclectic Traits? *American Psychologist, 63,* 503-517. https://doi.org/10.1037/0003-066X.63.6.503

Meek, K. R., McMinn, M. R., Brower, C. M., Brunett, T. D., McRay, B. W., Ramey, M. L., Swanson, D. W., & Villa, D. D. (2003). Maintaining Personal Resiliency: Lessons Learned from Evangelical Protestant Clergy. *Journal of Psychology and Theology, 31,* 339-347. https://doi.org/10.1177/009164710303100404

Morris, M. L., & Blanton, P. (1998). Predictors of Family Functioning among Clergy and Spouses: Influences of Social Context and Perceptions of Work-Related Stressors. *Journal of Child and Family Studies, 7,* 27-41. https://doi.org/10.1023/A:1022955912433

Mruk, C. (1995). *Self-Esteem Research, Theory, and Practice toward a Positive Psychology of Self-Esteem 3rd Edition.* http://library.uc.edu.kh/userfiles/pdf/4.Self-esteem%20research%20theory%20and%20practice%20%20toward%20a%20positive%20psychology%20of%20self-esteem.pdf

Nunley, M. (1996). Why Psychiatrists in India Prescribe So Many Drugs. *Culture, Medicine and Psychiatry, 20,* 165-197. https://doi.org/10.1007/BF00115861

Pargament, K. I., & Mahoney, A. (2005). Sacred Matters: Sanctification as a Vital Topic for the Psychology of Religion. *International Journal for the Psychology of Religion, 15,* 179-198. https://doi.org/10.1207/s15327582ijpr1503_1

Peng, J., Cheng, G., Chen, Q., & Hu, T. (2013). Investigation and Analysis on Medical Students' Level of Self-Esteem and Mental Health. *Chongqing Med, 42,* 1387-1389.

Perry, C., & Ball, I. (2005). Emotional Intelligence and Teaching: Further Validation Evidence. *Issues in Educational Research, 15,* 175-192.

Petrides, K. V., & Furnham, A. (2003). Trait Emotional Intelligence: Behavioural Validation in Two Studies of Emotion Recognition and Reactivity to Mood Induction. *European Journal of Personality, 17,* 39-57. https://doi.org/10.1002/per.466

Proeschold-Bell, R. J., Eisenberg, A., Adams, C., Smith, B., Legrand, S., & Wilk, A. (2015). The Glory of God Is a Human Being Fully Alive: Predictors of Positive Versus Negative Mental Health Among Clergy. *Journal for the Scientific Study of Religion, 54,* 702-721. https://doi.org/10.1111/jssr.12234

Proeschold-Bell, R. J., LeGrand, S., James, J., Wallace, A., Adams, C., & Toole, D. (2011). A Theoretical Model of the Holistic Health of United Methodist Clergy. *Journal of Religion and Health, 50,* 700-720. https://www.jstor.org/stable/41349825 https://doi.org/10.1007/s10943-009-9250-1

Roberts, J. E., Gotlib, I. H., & Kassel, J. D. (1996). Adult Attachment Security and Symptoms of Depression: The Mediating Roles of Dysfunctional Attitudes and Low Self-Esteem. *Journal of Personality and Social Psychology, 70,* 310-320. https://doi.org/10.1037/0022-3514.70.2.310

Rutter, M. (1997). Psychosocial Resilience and Protective Mechanisms. *American Journal of Orthopsychiatry, 57,* 316-331. https://doi.org/10.1111/j.1939-0025.1987.tb03541.x

Salovey, P., Stroud, L. R., Woolery, A., & Epel, E. S. (2002). Perceived Emotional Intelligence, Stress Reactivity, and Symptom Reports: Further Explorations Using the Trait Meta-Mood Scale. *Psychology and Health, 17,* 611-627. https://doi.org/10.1080/08870440290025812

Schutte, N. S., Malouff, J. M., Hall, L. E., Haggerty, D. J., Cooper, J. T., Golden, C. J., & Dornheim, L. (1998). Development and Validation of a Measure of Emotional Intelligence. *Personality and Individual Differences, 25,* 167-177. https://doi.org/10.1016/S0191-8869(98)00001-4

Schutte, N. S., Malouff, J. M., Simunek, M., McKenley, J., & Hollander, S. (2002). Characteristic Emotional Intelligence and Emotional Well-Being. *Cognition & Emotion, 16,* 769-785. https://doi.org/10.1080/02699930143000482

Silvera, D. H., Bergersen, T. D., Bjørgum, L., Perry, J. A., Rosenvinge, J. H., & Holte, A. (1998). Analyzing the Relation between Self-Esteem and Eating Disorders: Differential Effects of Self-Liking and Self-Competence. *Eating and Weight Disorders—Studies on Anorexia, Bulimia and Obesity, 3,* 95-99. https://doi.org/10.1007/bf03339995

Sowislo, J. F., & Orth, U. (2013). Does Low Self-Esteem Predict Depression and Anxiety? A Meta-Analysis of Longitudinal Studies. *Psychological Bulletin, 139,* 213-240. https://doi.org/10.1037/a0028931

Taylor, S. E., & Brown, J. D. (1988). Illusion and Wellbeing: A Social Psychological Perspective on Mental Health. *Psychological Bulletin, 103,* 193-210. https://doi.org/10.1037/0033-2909.103.2.193

Wang, P. S., Berglund, P. A., & Kessler, R. C. (2003). Patterns and Correlates of Contacting Clergy for Mental Disorders in the United States. *Health Services Research, 38,* 647-673. https://doi.org/10.1111/1475-6773.00138

Wikipedia (2021). *Reverend King (Nigerian Pastor).* https://en.wikipedia.org/wiki/Reverend_King_(Nigerian_pastor)

World Health Organization (2001). *Mental Health: New Understanding, New Hope.*

Yin, H. (2015). The Effect of Teachers' Emotional Labour on Teaching Satisfaction: Moderation of Emotional Intelligence. *Teachers and Teaching, 21,* 789-810. https://doi.org/10.1080/13540602.2014.995482