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Moderating Role of Self-Compassion in the Relationship Between Stress and Psychological Well-Being Among Catholic Priests

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Abstract

This study examined the moderating role of self-compassion in the relationship between stress and psychological well-being among Catholic priests in Enugu Diocese, Nigeria. A total of 200 priests participated, completing standardized measures of perceived stress (PSS-10), psychological well-being (RPWB-18), and self-compassion (SCS-SF). Using a cross-sectional correlational design and Hayes' PROCESS macro, the results showed that stress negatively affected several dimensions of psychological well-being, especially environmental mastery and self-acceptance. Self-compassion was positively related to autonomy, personal growth, purpose in life, and self-acceptance. Importantly, self-compassion significantly moderated the relationship between stress and psychological well-being in the domains of autonomy, environmental mastery, and self-acceptance, reducing the negative effects of stress. These findings highlight the importance of incorporating self-compassion practices into pastoral care and seminary training to improve emotional resilience and psychological health among clergy.

Keywords: psychological wellbeing, priesthood, self-compassion, & stress

Introduction

Psychological well-being is a "conditio sine qua non" for every human being. It is very fundamental to a positive life. Without psychological well-being, good behavior, balance, and a stable manner of living are practically impossible. Psychological well-being (PWB) refers to a state of complete mental health, where an individual experiences positive emotions, satisfies their basic psychological needs, and functions optimally (Ryan & Deci, 2000). It stably conditions the body and soul for proper functioning. Psychological well-being helps to experience positive emotions such as happiness, joy, and contentment (Diener, 2000), eliciting a sense of satisfaction, be it in relation, work areas, and indeed in every human endeavour. Psychological well-being makes it possible to gain basic psychological needs such as resilience to cope with adversity, stress and trauma. It aids in self-autonomy and personal competence.

Psychological well-being has many dimensions which include emotional, cognitive, and social dimensions of mental health. This why Ryff identifies six main dimensions: Self-acceptance, Environmental mastery, Autonomy, Personal growth, Positive relationship with others, and Purpose in life. This model has become foundational in psychological research. Numerous factors influence psychological well-being including: Personality traits (Keyes, Shmotkin, & Ryff, 2002), Social support and quality of interpersonal relationships (Taylor, 2011), Coping strategies and resilience (Folkman & Moskowitz, 2000), Spirituality and

meaning in life, especially in faith-based contexts (Pargament, 2002), and Work-life balance, particularly in high-stress professions (Danna & Griffin, 1999). Psychological well-being is also strongly correlated with physical health outcomes. Studies indicate that individuals with high psychological well-being tend to experience lower morbidity, better immune functioning, and greater longevity (Ryff & Singer, 1998; Steptoe et al., 2015).

One of the things that hamper psychological well-being among other things is stress. Stress is universal and common human experience. No human being is immune to stress irrespective of your social class and influence, financial status, race and academic heritage. Copping mechanism is the difference between a stressed human being and a stress-free individual. Stress can be seen as a disturbance both mentally and otherwise caused by a strenuous circumstance or situation. It is a natural human response that prompts us to address challenges and threats in our lives. No one can escape the marauding effects of stress. But the resilence and coping mechanism makes the difference. Stress is a feeling of emotional or physical tension that can arise from day to day work, physical, psychological and spiritual experiences, or even positive events like weddings, according to the National Health Service (NHS). Stress occurs when the external and internal constituents of man is tested beyond the adaptive limit.

Stress affects both mentally, physically, spiritually and cognitive health. Psychologically, stress is associated with: Increased risk of depression, anxiety, and burnout (Kalia, 2002), impairments in attention, memory, and decision-making (Lupien et al., 2009), and decreased psychological well-being and life satisfaction (Ryff & Singer, 2008). Physiologically, chronic stress activates the hypothalamic-pituitary-adrenal (HPA) axis, leading to the release of cortisol, which, over time, can: Suppress the immune system, Contribute to cardiovascular disease, Accelerate cellular aging and inflammation (McEwen, 2007; Slavich & Irwin, 2014). Stress manifests differently across life domains: Workplace stress is linked to job strain, role conflict, and emotional exhaustion (Maslach & Leiter, 2016). Academic stress affects students' cognitive performance and mental health (Pascoe et al., 2020). Caregiving stress is common in those caring for chronically ill family members and is associated with burnout and compassion fatigue (Schulz & Sherwood, 2008). In clergy and helping professions, stress is often tied to emotional Labour, boundary challenges, and spiritual struggles (Knox et al., 2002).

There is a significantly increased attention in the psychological well-being of Catholic Priest in recent time due to the uniqueness of the stressors associated with the priestly vocation. It is a datum of experience and a documented fact that the psychological wellness of priests is utmost importance in their discharge of ministerial responsibility. The demand of the priestly ministry is enormous. Priests are tasked with the provision of administrative leadership, spiritual guidance, pastoral care and ethical standard.

Catholic priests, just like every other human needs a stable psychological well-being to optimally carry out their priestly ministry. The unique nature of the priestly call and ministry predisposes them to stress and unstable psychological well-being. The mental stability of priests is very fundamental to the proper functioning of priests be it socially, emotionally, and spiritually. The unique roles of priests make them susceptible to stressors like emotional isolation and loneliness, pastoral overwhelming and challenges maintaining personal-spiritual health while serving others. Social relationships whether with fellow clergy, parishioners or family play a critical role. Priests who experience isolation, especially in rural or demanding assignments are often prey to mental health issues (Francis, 2015). Emotional demands including dealing with grief, parish conflicts and moral dilemmas, can affect psychological

well-being. Moral and Spiritual Struggles: Experiences of doubt, guilt, or perceived spiritual failure may impair mental well-being (Rossetti, 2011). Lack of Psychological Support: Stigma surrounding mental health within religious communities can deter priests from seeking professional help (Ayalon et al., 2021). Effective coping strategies, such as reflective practices, supervision or counseling, are vital (Rossetti & Rhoades, 2013). Priests may face burnout due to long hours of work, high expectations, devastating criticism and overgeneralization, gossip and role conflicts. Balancing administrative tasks with pastoral care can lead to stress, particularly when boundaries are unclear (Doolittle 2007).

Stress among priests is a well-known fact. A cursory search within our environments may evidentially reveal this fact. An enquiry into the documented history and achieves may also satisfy this curiosity. Research has shown that prolonged openness to various degrees of stress can cause burn out, depression, anxiety, and even physical health issues (Lewis et al, 2021). The nature of priestly life, which includes social isolation, heavy workloads, and sometimes conflicting expectations from both parishioners and church authorities, further exacerbates stress level. Studies have shown that priests often struggle to find adequate coping mechanisms, as traditional stress-management strategies may not always align with their religious and vocational commitment. (Proeschold-Bell et al., 2019). For example sex is often used as stress coping mechanism. Here love hormones are released to help calm the nervous. Also, alcohol is used to alleviate stress and achieve parasympathetic state. These stress management strategies are prohibited by the priestly vows of celibacy and chastity.

Amidst all these challenges, self-compassion has emerged as the "way out of the wood". Self-compassion is identified as psychological reservoir and mainstream to foster psychological and emotional stability. Self-compassion involves good and positive disposition towards another person who is in serious need. It entails both our action and inactions positively directed to another for positive effects being kind to oneself in moments of failure, recognizing shared human struggles and maintaining a balanced perspective on suffering rather than engaging in harsh self-criticism (Neff & Germer; 2018). Research suggests that self-compassion is a palpable panacea while improving mental cum psychological state, limiting negative emotions such as guilt, shame and self-doubt (Barnard & Curny, 2011). Despite the growing influence of self-compassion in the psychological circle and documentation, there has been limited research on the role of self-compassion in the lives and ministry of Catholic Priests.

Self- directed compassion is a mental practice that has gained prominence in this contemporary for its potential to enhance emotional resilience, reduce psychopathology, and promote well-being (Neff, 2003a). In professions characterized by high emotional Labour and spiritual responsibility—such as the Catholic priesthood—self-compassion serves as a critical internal resource for managing stress, moral injury, and burnout (Barnard & Curry, 2011). While clergy often exhibit compassion toward others, they may struggle to extend the same kindness toward themselves, due to theological, cultural, or vocational expectations (Knox et al., 2005). Exploring the dynamics of self-compassion among priests reveals important insights into psychological and spiritual health in religious vocations.

Empirical studies shows that compassion to oneself is associated with Lower state of depression, anxiety, and rumination (MacBeth & Gumley, 2012), greater resilience, emotional regulation, and well-being (Zessin et al., 2015), and reduced burnout and compassion fatigue among caregivers and professionals in high-stress roles (Raab, 2014). It also acts as a defence towards stress and mental distress, buffering individuals against the adverse effects of high-demand environments (Sirois et al., 2015). While Christian theology

emphasizes mercy, forgiveness, and humility, self-directed compassion is not always explicitly taught or practiced among clergy. Catholic priests are trained from the cradle to focus on self-sacrifice, moral integrity, and care for others, which may lead to the neglect of their own emotional needs (Francis et al., 2004). This can make self-compassion appear self-indulgent or incompatible with religious ideals (Rossetti, 2011). According to Neff, (Neff, 2003) compassion for oneself is composed of three separate constructs: Self-kindness, Common Humanity, and Mindfulness (Neff, 2003a; 2003b). It entails love directed towards self, self-appreciation and care. This means that love of self is not just a religious teaching and practice, but also psychological resource with rich mental consequences.

Ministry of Catholic priesthood urgently needs the practice of self-compassion because it's a vital resource in the psychological and spiritual well-being of priests. It offers a path to greater resilience, authenticity, and pastoral effectiveness, especially amid the emotional and moral challenges of ministry. Promoting self-compassion within seminary formation and priestly life aligns not only with psychological science but also with core Christian values of mercy, humility, and love. Having recognized and established the association between self-compassion and psychological stability, and equally acknowledged the sorting effect of self-compassion on stress and psychological well-being in other high-stress professions, it has become an academic imperative to inquiry it's moderating role in the priestly ministry. If self-compassion scores a positive against stress among Catholic Priests, it could offer valuable insights into the developing targeted mental health interventions that align with.

This research is a deliberate and conscious attempt to investigate if self-compassion can moderate the relationship between stress and psychological well-being among Catholic Priests. By examining this moderating role, the study will contribute to both psychological and pastoral literature, providing empirical evidence to support the integration of self-compassion practices into priestly mental health programme

Statement of the Problem

Catholic Priests often experience some levels of stress accruing from the demands of the ministry. These unique challenges appear in the form of celibacy; a life devoid of sexual relationship and family life. The traditional coping mechanisms of stress like alcohol, sexual and emotional intimacy, and love relationships are all considered anti-priestly, hence, forbidden by priests. Frequent relocation equally possess another discomforting challenge, irrespective of the priest status and influence, and even against his will, constant movement from one assignment or the other awaits him, even with the growing insecurity in the land. Unlike other professions of life, priestly work is timeless; they work morning, afternoon and night from the first day of their ordination to retirement and even death. Priests face emotional burdens accruing from their ministry. They devote the majority of their time and life attending to the people without addressing their personal, emotional and psychological need, and overtime, withers emotionally and mentally. The long hours of counseling, admonishing and advice to the congregation impact the priests negatively especially when rest and holiday is not adequately observed. One of the most regrettable challenge and struggle faced by priests in their apostolate is devastating criticism and gossip. The congregation the priest is toiling day and night to serve is the same people that will unleash destructive criticism, gossip and over-exaggerate the issue at hand, hence, throwing the priest into despair. All these and more result to burnout, stress and unstable psychological wellbeing. (Lewis et al, 2021).

Though there are other psychological interventions proven to mitigate the marauding effects of stress, self-compassion has appeared as a positive psychological reservoir to boast mental stability. Self-compassion is visibly and concretely applying the Christian practices of mercy, forgiveness, empathy, humility and grace. It is associated with practical love towards others unselfishly and in the larger picture love onto self. Although the practice of self-compassion is never easy and tenable all the time because of enormous sacrifices of will, intention and comfort yet the understanding of self-compassion in the context of priests welfare is crucial for promoting mental and spiritual wellness. The lack of research and academic inquiry on self-compassion among the Catholic Priests raises critical challenge regarding the psychological well-being and mental sustenance of the priestly vocation. The task of this study is to investigating whether self-compassion has any association with stress and any moderating role on stress and psychological wellbeing. Hence these research questions:

Will stress play a role in psychological well-being among Catholic Priests?
Will self-compassion play a role in psychological well-being among Catholic Priest?
Will self-compassion moderate the relationship between stress and psychological well-being?

Purpose of the Study

Generally, this research work has the primary purpose to examine the moderating role of self-compassion in the relationship between stress and psychological well-being among Catholic Priests. However the following are the specific objectives of the study:

Determine whether stress play a significant role in psychological well-being among priests.

Find out whether self-compassion will play a significant role in psychological well-being of priests.

Investigate whether self-compassion will significantly moderate the relationship between stress and psychological well-being among priests.

Hypothesis

The following hypotheses are stated to guide the study:

- 1. Stress will play a significantly role in psychological well-being (autonomy, environmental mastery, personal growth, purpose in life, positive relations, & self-acceptance) among Catholic Priests of Enugu Diocese
- 2. Self-compassion will play a significantly role in psychological well-being (autonomy, environmental mastery, personal growth, purpose in life, positive relations, & self-acceptance) among Catholic Priests of Enugu Diocese
- 3. Self-compassion will significantly moderate the relationship between stress and psychological well-being (autonomy, environmental mastery, personal growth, purpose in life, positive relations, & self-acceptance) among Catholic Priests of Enugu Diocese

Method

Participants: Participants in this study are 200 Catholic priests (mean age = 48.2, range = 30-80) drawn from the six Deaneries of the diocese of Enugu. In selecting the participants for this study, the researcher adopted the convenience method of sampling as priests were

approached based on their availability and accessibility. Their current primary roles are parish priests (n =90, 45%), Pastoral Vicar (42, 21%), Seminary Formators (n=18, 9%), Educators (n=21, 10.5%), other forms of pastoral care (n=29, 14.5%). There are (n =181, 90.5%) diocesan priests, and (n=19, 9.5%) religions priests. Sixty-eight priests (n=68, 34%) had PhD, seventy-one (n=71, 35.5%) had MSc degree, and sixty-one (n=61, 30.5%) had BSc/HND).

Instruments

Ryff's Psychological Well-Being Scale (1989), 18-item version (RPWB-18): This scale assesses six dimensions of psychological well-being: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Each item is rated on a 6-point Likert scale (1 = strongly disagree to 6 = strongly agree). The 18item version has shown strong construct validity and internal consistency ($\alpha = .70$ to .90 across domains). Example of RPWB Scale 18- items include: I like most parts of my personality. When I look at the story of my life, I am pleased with how things have turned out so far. Some people wander aimlessly through life, but I am not one of them. Ryff's Psychological Well-Being Scale – 18-item version (RPWB-18) is scored in this format: Each subscale has 3 items. Autonomy 1, 7, 13; Environmental Master 2, 8, 14; Personal Growth 3, 9, 15; Positive Relations 4, 10, 16; Purpose in Life 5, 11, 17; Self-Acceptance 6, 12, 18; Items to reverse: 1, 2, 4, 6, 9, 10, 11, 13, 14, 17. Reverse Scoring Rule: If using a 1-6 scale: new score = 7 - original score. If using a 1–7 scale: new score = 8 - original score. For each of the reverse-coded items listed above, subtract the original score from 7 (or 8, depending on scale). Compute Subscale Scores, add the 3 item scores (after reverse scoring where needed) for each subscale. Example for Autonomy (Items 1, 7, 13): Suppose the scores are: Item 1 (reverse): $2 \rightarrow (7-2) = 5$. Item 7: 4. Item 13 (reverse): $3 \rightarrow (7-3) = 4$. Autonomy Score = 5 +4+4=13. Add all 18 items (after reverse scoring where needed) for a total well-being score.

Perceived Stress Scale, (PSS-10) (1983): This scale was developed by Cohen, Kamarck, and Mermelstein which measures the degree to which situations in one's life are appraised as stressful. Each item is rated on a 5-point Likert scale (0 = never to 4 = very often), with higher scores indicating higher perceived stress. The PSS-10 has demonstrated good reliability (Cronbach's α = .78 to .91 in various populations). Example of PSS 10 items include: In the last month, how often have you been upset because of something that happened unexpectedly? In the last month, how often have you felt that you were unable to control the important things in your life? In the last month, how often have you felt nervous and "stressed"? Perceived stress Scale is scored in this format: 5-point Likert scale 0 = Never, 1 = Almost never, 2 = Sometimes, 3 = Fairly often, 4 = Very often. Scoring: Reverse-score items 4, 5, 7, and 8 (PSS-10). E.g., if someone scores a 0 \rightarrow becomes 4; 1 \rightarrow 3; 2 \rightarrow 2; 3 \rightarrow 1; 4 \rightarrow 0. Total Score: Sum all 10 items (after reverse scoring where needed). Range: 0–40. Higher scores = higher perceived stress.

Self-Compassion Scale (2011), – **Short Form (SCS-SF):** This 12-item instrument was developed by Raes et al. (2011) is a brief version of Neff's (2003) original 26-item scale. It assesses three main components of self-compassion: self-kindness, common humanity, and mindfulness. Items are rated on a 5-point Likert scale (1 = almost never to 5 = almost always), with higher scores reflecting higher levels of self-compassion. The short form has demonstrated acceptable reliability ($\alpha = .86$). Example of SCS-SF 12-item includes: When I fail at something important to me I become consumed by feelings of inadequacy. I try to be understanding and patient towards those aspects of my personality I don't like. When

something painful happens I try to take a balanced view of the situation. Self-compassion Scale is scored in this format: 5-point Likert scale: 1 = Almost never, 2 = occasionally, 3 = about half the time, 4 = Fairly often, 5 = Almost always. Subscales (6 totals, each with 2 items): Self-Kindness, Self-Judgment (reverse scored), Common Humanity, Isolation (reverse scored), Mindfulness, Over-Identification (reverse scored). Scoring: Reverse-score negative subscale items (Self-Judgment, Isolation, Over-Identification). Compute: Mean score for each subscale (average of the 2 items). Total self-compassion score: Mean of all 12 items (after reverse scoring where applicable).Range: 1–5. Higher scores = greater self-compassion.

Procedure

The researcher through the letter of introduction from the Department of Psychology, Godfery Okoye University, Enugu, obtained permission from the Catholic bishop of Enugu Diocese to conduct the research during the All Priests Advent Recollection. The Priests willingly and voluntarily consented to take part in the research. The researcher pledged confidentiality, anonymity, and professionalism, devoid of financial gains in handling the research responses. The instrument for the study was distributed by the researcher to the priests alongside two volunteered priests. In 320 questionnaires that were shared, 200 were property completed 45 were not filled properly and 75 were returned unfilled. No incentives were given to the participants before, during and after participation. Finally, the researcher thanked and appreciated the participants for their sacrifices.

Design/Statistics

This study utilized a cross-sectional correlational research design, which is appropriate for assessing the relationships among psychological constructs at a single point in time (Creswell & Creswell, 2018). Data were analyzed using IBM SPSS Statistics (Version 26) and the PROCESS macro v4.2 developed by Hayes (2022).

Results

Descriptive statistics (frequencies, mean and standard deviation) and correlations among the study variables are presented in table one. In table two, results of the Hayes PROCESS macro conducted to test the hypotheses was presented. The dependent variable for the analyzed result is psychological wellbeing. The independent variable is stress while self-compassion is the moderator.

Table 1: Means, standard deviations, and correlations among the study variables

Table 1: Means, standard deviations, and correlations among the study variables													
S/	Variables	M	SD	1	2	3	4	5	6	7	8	9	10
N													
1	No of	9.6	9.	-									
	Yrs in	0	26										
2	Age	42.	8.	.92*	-								
		19	98	**									
3	Edu			.77*	.65*	-							
	Qual			**	**								
4	Stress	28.	4.	.13*	.07	.04	-						
		83	59										
5	Self-	37.	6.	.24*	.25*	.33	.25*	_					
	comp	48	01	**	**	**	**						
6	Env	15.	3.	04	08	11	_	.01	_				
	Master	27	19				.13*						
	у												
7	P	15.	2.	.20*	.22*	.15	07	.24*	.19*	_			
	Growth	45	31	**	**	**	,	**	*				
8	P Rel	12.	2.	.04	.02	_	.20*	.18*	.12*	.26*	_		
	with	32	88	.01	.02	.15	*	*	.12	**			
	WILLI	32	00			**							
9	Pur in	12.	3.	.20*	.27*	02	05	.13*	.30*	.35*	.20*	_	
	Life	24	27	*	**	.02	.03	.13	**	**	**		
10	Self-	15.	2.	.02	.07	_	.07	.05	_	.03	.08	.15	
		80	2. 19	.02	.07	.12	.07	.03	.18*	.03	.00	**	_
	accep	80	19			.1∠ *			.10				
11	Autono	15.	3.			.02	02	.16*	.46*	.30*	.17*	1.1	
	Autono			11*	.13*	.02	02	.10.	.40	.30	.1/*	.11	_
	my	33	26	.11*	.13**				202.202	202.202		-1-	.0
													4

Note. N = 216, * = p < .05, ** = p < .01, *** = p < .001. Gender: male=1, female=2; Age was coded direct; Religion: Christian=1, Islam=2, Traditional=3, Others=4.

Results in Table 1 showed that autonomy psychological wellbeing is negatively significantly related to number of years in priest hood (r = -.11, p < .05) and age (r = -.13, p < .05), positively significantly self-compassion (r = .16, p < .01), environmental mastery (r = .46, p < .001), personal growth (r = .30, p < .001), positive relations with others (r = .17, p < .01) and purpose in life (r = .11, p < .05). This means that a increase in priest's self-compassion increases their autonomy psychological wellbeing. Stress is negatively significantly related to environmental mastery (r = -.13, p < .05), positively significantly related to self-compassion (r = .25, p < .001), and positive relations with others (r = .20, p < .01). This means that a increase in priest's stress decreases their environmental mastery; but increases self-compassion and positive relations with others. Self-compassion is positively significantly related to personal growth (r = .24, p < .001), positive relations with others (r = .18, p < .01), and purpose in life (r = .13, p < .05). This means that a increase in priest's self-compassion increases their personal growth, positive relations with others, and purpose in life psychological wellbeing.

Table 2: Results from the Hayes PROCESS macro examining how stress predicts the six aspects of psychological wellbeing — autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance using slf-compassion as a moderator.

	Six Dimensions of Psychological Wellbeing																	
Varia ble					_													
	Autonomy			Environmen tal Mastery		Personal Growth		Positive Relations with others		Purpose in Life			Self- Acceptance					
	В	T	95 % <i>C</i> <i>I</i>	В	T	95 %C I	В	T	95 % <i>C</i> <i>I</i>	В	T	95 % <i>C</i> <i>I</i>	В	T	95 % <i>C</i> <i>I</i>	В	T	95 %C I
Stress	.5 0	1. 77	.06	.74 **	2. 67	.20	- .2 5	1. 27	- .64	.3	1. 34	.16	.3 2	1. 10	.25	.82 ***	4. 38	.35
Self- compa ssion	.50 **	2.4	.91	.63 **	3. 13	.23	- .0 3	- .19	.31	.2	1. 29	.13	.3 6	1. 70	.05	.59 ***	4. 31	.32
Stress X Self- compa ssion	.0 2*	- 1. 96	.30)2**	3.0 7	.30	.0	.9 4	.00	- .0 1	.9 4	.02	.0 1	1. 34	.03	- .02 ***	4. 29	.30

Note: *p<.05; **p<.01; ***p<.001; ****p>.05

In Table 2, it was found that stress was not significantly associated with autonomy among priests (B = .50, p > .05). Self-compassion was positively associated with autonomy among priests (B = .50, p = .01). Autonomy psychological wellbeing among Catholic Priests increases with an increase in their self-compassion. The interaction of self-compassion and stress was significant (B = -.02, p < .05), indicating that self-compassion moderated the relationship between stress and autonomy.

The slope of the interaction (see figure 1 below) indicated that self-compassion was significantly associated with autonomy at high level of stress among priest (B = -.17, p < .03), but not at low level of stress (B = .01, p > .05), or at moderate level of stress (B = .35, p < .04). The model explained about 2% of the variance in autonomy, $R^2 = .02$, F(1, 212) = 3.85, p < .05. Stress was positively significantly associated with environmental mastery among priests (B = .74, p < .01). Environmental mastery psychological wellbeing among Catholic Priests increases with an increase in their stress. Self-compassion was positively associated with with environmental mastery among priests (B = .63, p = .01). Environmental mastery psychological wellbeing among Catholic Priests increases with an increase in their self-compassion. The interaction of self-compassion and stress was significant (B = -.02, D < .01), indicating that self-compassion moderated the relationship between stress and environmental mastery.

The slope of the interaction (see figure 2 below) indicated that self-compassion was significantly associated with autonomy at high level of stress among priest (B = -.28, p < .001), at moderate level of stress (B = -.12, p < .01) but not at low level of stress (B = .02, p > .05),. The model explained about 2% of the variance in autonomy, $R^2 = .04$, F(1, 212) = 9.45, p < .01.

Stress was not significantly associated with personal growth among priests (B = .25, p > .05). Self-compassion was not associated with personal growth among priests (B = .03, p > .05). The interaction of self-compassion and stress was not significant (B = .01, p > .05), indicating that self-compassion did not moderate the relationship between stress and personal growth. Stress was not significantly associated with positive relations with others among priests (B = .33, p > .05). Self-compassion was not associated with positive relations with others among priests (B = .23, p > .05). The interaction of self-compassion and stress was not significant (B = .01, D > .05), indicating that self-compassion did not moderate the relationship between stress and positive relations with others.

Stress was not significantly associated with purpose in life among priests (B = .32, p > .05). Self-compassion was not associated with purpose in life among priests (B = .36, p > .05). The interaction of self-compassion and stress was not significant (B = .01, p > .05), indicating that self-compassion did not moderate the relationship between stress and purpose in life.

Stress was positively significantly associated with s-elf-acceptance among priests (B = .82, p < .001). Self-acceptance psychological wellbeing among Catholic Priests increases with an increase in their stress. Self-compassion was positively associated with self-acceptance among priests (B = .59, p = .001). Self-acceptance psychological wellbeing among Catholic Priests increases with an increase in their self-compassion. The interaction of self-compassion and stress was significant (B = -.02, p < .001), indicating that self-compassion moderated the relationship between stress and self-acceptance. The slope of the interaction (see figure 3 below) indicated that self-compassion was significantly associated with autonomy at high level of stress among priest (B = -.14, p < .01), at low level of stress (B = .10, p < .01) but not at moderate level of stress (B = .01, p > .05). The model explained about 2% of the variance in autonomy, $R^2 = .08$, F(1, 212) = 18.42, p < .001.

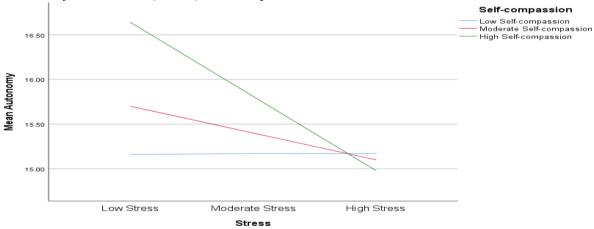


Figure 1: Interaction slope showing the moderating effect of self-compassion on stress and the autonomy dimension of psychological well-being

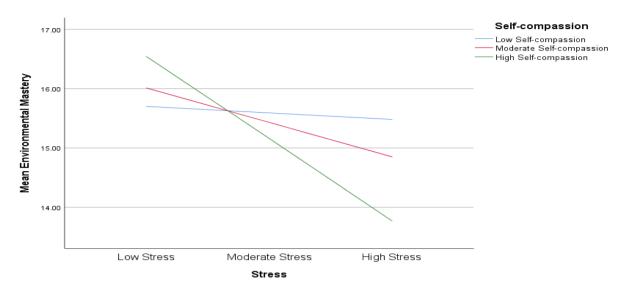


Figure 2: Interaction slope showing the moderating effect of self-compassion on stress and the environmental mastery dimension of psychological well-being

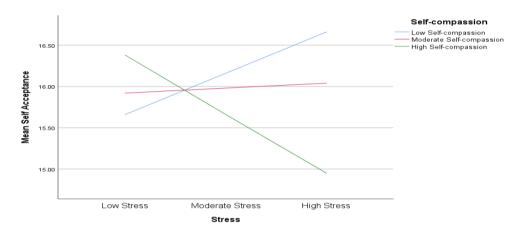


Figure 1: Interaction slope showing the moderating effect of self-compassion on stress and the self-acceptance dimension of psychological well-being

Discussions

The present study investigated the moderating role of self-compassion in the relationship between stress and psychological well-being among Catholic priests in Enugu Diocese. Drawing on Ryff's multidimensional model of psychological well-being, the findings offer nuanced insights into how stress and self-compassion interact to shape mental health outcomes in a high-demand religious vocation.

Consistent with prior research (Kalia, 2002; Lupien et al., 2009), stress was found to negatively impact specific dimensions of psychological well-being, particularly environmental mastery and purpose in life. This suggests that priests experiencing elevated stress levels may struggle to manage their surroundings effectively and maintain a clear sense of direction. These findings align with literature on occupational burnout and emotional exhaustion in clergy (Maslach & Leiter, 2016; Proeschold-Bell et al., 2019), reinforcing the need for targeted mental health interventions in pastoral settings. Interestingly, stress was not significantly associated with autonomy, personal growth, or self-acceptance, indicating that certain aspects of well-being may be more resilient to stress or influenced by other protective factors. This partial dissociation underscores the complexity of psychological functioning and the importance of examining well-being as a multidimensional construct.

Self-compassion emerged as a significant positive predictor of psychological well-being across multiple domains, including autonomy, environmental mastery, and self-acceptance. These findings corroborate existing literature that positions self-compassion as a buffer against psychological distress (Neff, 2003a; MacBeth & Gumley, 2012; Zessin et al., 2015). For Catholic priests, who often prioritize care for others over personal emotional needs, cultivating self-directed compassion may enhance their capacity for resilience, authenticity, and pastoral effectiveness. The positive associations between self-compassion and personal growth, positive relations with others, and purpose in life further suggest that priests who practice self-kindness and mindfulness may experience greater fulfillment and relational harmony in their ministry. These outcomes align with theological values of mercy, humility, and grace, indicating that self-compassion is not only psychologically beneficial but also spiritually congruent.

The moderation analysis revealed that self-compassion significantly attenuated the negative impact of stress on autonomy, environmental mastery, and purpose in life. This finding is particularly salient, as it suggests that self-compassion functions as a psychological buffer, enabling priests to maintain core aspects of well-being even under high stress. These results echo the protective role of self-compassion in high-stress professions (Raab, 2014; Sirois et al., 2015), and highlight its relevance in religious vocations where emotional labor and moral responsibility are pervasive. The absence of significant moderation effects for personal growth, positive relations, and self-acceptance may indicate that these dimensions are influenced more by dispositional traits or external support systems than by internal coping mechanisms. Alternatively, it may reflect the unique theological and vocational constraints faced by priests, which shape their relational and self-evaluative experiences in complex ways.

Implications of the Findings

These findings underscore the importance of integrating self-compassion training into seminary formation and ongoing pastoral care programs. Doing so may enhance psychological resilience, reduce burnout, and promote holistic well-being among clergy. Moreover, the study contributes to the growing body of literature advocating for culturally and spiritually sensitive mental health interventions in faith-based contexts

Recommendations for Future Research

- Integrate Self-Compassion Training into Formation Curriculum
- Establish Confidential Mental Health Support Systems
- Embed Stress Management and Resilience Workshops
- Promote Work-Life Balance and Restorative Practices
- Develop a Mental Health Monitoring and Referral Framework
- Foster a Culture of Emotional Literacy and Dialogue
- Contextualize Mental Health within Theology and Vocation
- Engage External Experts and Collaborators

Conclusion

The findings of this study underscore the pivotal role of self-compassion as a protective psychological resource in the lives of Catholic priests. Specifically, self-compassion was shown to significantly enhance psychological well-being and mitigate the adverse effects of stress, particularly within the domains of autonomy, environmental mastery, and self-

acceptance. These results align with existing literature on self-compassion as a buffer against emotional distress and a facilitator of adaptive functioning in high-demand professions. Given the unique stressors inherent in priestly ministry—including emotional labor, vocational isolation, and spiritual responsibility—the integration of self-compassion into clergy support frameworks is both timely and essential. The study advocates for a holistic approach to priestly well-being, one that incorporates emotional, spiritual, and pastoral self-care as foundational components of seminary formation and ongoing ministerial support. Equipping priests with the psychological tools to cultivate self-compassion may not only foster greater resilience and mental stability but also enhance their capacity for authentic pastoral engagement. As such, the promotion of self-compassion within religious vocations represents a promising avenue for strengthening both individual well-being and institutional sustainability.

References

- Ayalon, L., Chasteen, A., Diehl, M., Levy, B. R., Neupert, S. D., Rothermund, K., ... & Wahl, H.-W. (2021). Aging in times of the COVID-19 pandemic: Avoiding ageism and fostering intergenerational solidarity. *The Journals of Gerontology: Series B*, 76(2), e49–e52. https://doi.org/10.1093/geronb/gbaa051
- Barnard, L. K., & Curry, J. F. (2011). Self-compassion: Conceptualizations, correlates, & interventions. *Review of General Psychology*, *15*(4), 289–303. https://doi.org/10.1037/a0025754
- Barnard, L. K., & Curry, J. F. (2011). Self-compassion: Conceptualizations, correlates, & interventions. *Review of General Psychology*, *15*(4), 289–303. https://doi.org/10.1037/a0025754
- Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24(4), 385–396. https://doi.org/10.2307/2136404
- Creswell, J. W., & Creswell, J. D. (2018). Research design: Qualitative, quantitative, and mixed methods approaches (5th ed.). SAGE Publications.
- Danna, K., & Griffin, R. W. (1999). Health and well-being in the workplace: A review and synthesis of the literature. *Journal of Management*, 25(3), 357–384. https://doi.org/10.1177/014920639902500305
- Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American Psychologist*, 55(1), 34–43. https://doi.org/10.1037/0003-066X.55.1.34
- Doolittle, B. R. (2007). Burnout and coping among parish-based clergy. *Mental Health, Religion & Culture, 10*(1), 31–38. https://doi.org/10.1080/13674670600857591
- Folkman, S., & Moskowitz, J. T. (2000). Positive affect and the other side of coping. American Psychologist, 55(6), 647–654. https://doi.org/10.1037/0003-066X.55.6.647

- Francis, L. J. (2015). Ministry and mental health: The need for a critical perspective. *Practical Theology*, 8(3), 175–178. https://doi.org/10.1179/1756073X15Z.00000000039
- Francis, L. J., Louden, S. H., & Rutledge, C. J. F. (2004). Burnout among Roman Catholic parochial clergy in England and Wales: Myth or reality? *Review of Religious Research*, 46(1), 5–19. https://doi.org/10.2307/3512249
- Hayes, A. F. (2022). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach* (3rd ed.). The Guilford Press.
- Kalia, M. (2002). Assessing the economic impact of stress—The modern day hidden epidemic. *Metabolism*, 51(6), 49–53. https://doi.org/10.1053/meta.2002.33193
- Kalia, M. (2002). Assessing the economic impact of stress—The modern day hidden epidemic. *Metabolism*, 51(6), 49–53. https://doi.org/10.1053/meta.2002.33193
- Keyes, C. L. M., Shmotkin, D., & Ryff, C. D. (2002). Optimizing well-being: The empirical encounter of two traditions. *Journal of Personality and Social Psychology*, 82(6), 1007–1022. https://doi.org/10.1037/0022-3514.82.6.1007
- Knox, S., Catlin, L., Casper, M., & Schlosser, L. Z. (2005). Addressing religion and spirituality in psychotherapy: Clients' perspectives. *Psychotherapy Research*, *15*(3), 287–303. https://doi.org/10.1080/10503300512331331001
- Knox, S., Virginia, S., Thoresen, C. E., & Hill, R. D. (2002). Spirituality, well-being, and quality of life: A review of the literature. *Journal of Pastoral Care & Counseling*, 56(4), 393–399. https://doi.org/10.1177/154230500205600406
- Lewis, C. S., Proeschold-Bell, R. J., & Turner, E. L. (2021). The role of social support in burnout among clergy: A mixed-methods study. *Journal of Religion and Health*, 60(1), 1–20. https://doi.org/10.1007/s10943-020-01058-2
- Lewis, C. S., Proeschold-Bell, R. J., & Turner, E. L. (2021). The role of social support in burnout among clergy: A mixed-methods study. *Journal of Religion and Health*, 60(1), 1–20. https://doi.org/10.1007/s10943-020-01058-2
- Lupien, S. J., Maheu, F., Tu, M., Fiocco, A., & Schramek, T. E. (2009). The effects of stress and stress hormones on human cognition: Implications for the field of brain and cognition. *Brain and Cognition*, 65(3), 209–237. https://doi.org/10.1016/j.bandc.2007.02.007
- Lupien, S. J., Maheu, F., Tu, M., Fiocco, A., & Schramek, T. E. (2009). The effects of stress and stress hormones on human cognition: Implications for the field of brain and cognition. *Brain and Cognition*, 65(3), 209–237. https://doi.org/10.1016/j.bandc.2007.02.007
- MacBeth, A., & Gumley, A. (2012). Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Clinical Psychology Review*, 32(6), 545–552. https://doi.org/10.1016/j.cpr.2012.06.003

- MacBeth, A., & Gumley, A. (2012). Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Clinical Psychology Review*, 32(6), 545–552. https://doi.org/10.1016/j.cpr.2012.06.003
- Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry*, 15(2), 103–111. https://doi.org/10.1002/wps.20311
- Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry*, 15(2), 103–111. https://doi.org/10.1002/wps.20311
- McEwen, B. S. (2007). Physiology and neurobiology of stress and adaptation: Central role of the brain. *Physiological Reviews*, 87(3), 873–904. https://doi.org/10.1152/physrev.00041.2006
- Neff, K. D. (2003). The development and validation of a scale to measure self-compassion. *Self and Identity, 2*(3), 223–250. https://doi.org/10.1080/15298860309027
- Neff, K. D. (2003a). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2(3), 223–250. https://doi.org/10.1080/15298860309027
- Neff, K. D. (2003a). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2(3), 223–250. https://doi.org/10.1080/15298860309027
- Neff, K. D. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, *2*(2), 85–101. https://doi.org/10.1080/15298860309032
- Neff, K. D., & Germer, C. K. (2018). The mindful self-compassion workbook: A proven way to accept yourself, build inner strength, and thrive. Guilford Press.
- Pargament, K. I. (2002). The bitter and the sweet: An evaluation of the costs and benefits of religiousness. *Psychological Inquiry*, *13*(3), 168–181. https://doi.org/10.1207/S15327965PLI1303 02
- Pascoe, M. C., Hetrick, S. E., & Parker, A. G. (2020). The impact of stress on students in secondary school and higher education. *International Journal of Adolescence and Youth*, 25(1), 104–112. https://doi.org/10.1080/02673843.2019.1596823
- Proeschold-Bell, R. J., LeGrand, S., James, J., Wallace, A., Adams, C., & Toole, D. (2019). A theoretical model of the holistic health of United Methodist clergy. *Journal of Religion and Health*, *58*(4), 1020–1041. https://doi.org/10.1007/s10943-018-0724-7
- Proeschold-Bell, R. J., LeGrand, S., James, J., Wallace, A., Adams, C., & Toole, D. (2019). A theoretical model of the holistic health of United Methodist clergy. *Journal of Religion and Health*, *58*(4), 1020–1041. https://doi.org/10.1007/s10943-018-0724-7

- Raab, K. (2014). Mindfulness, self-compassion, and empathy among health care professionals: A review of the literature. *Journal of Health Care Chaplaincy*, 20(3), 95–108. https://doi.org/10.1080/08854726.2014.913876
- Raab, K. (2014). Mindfulness, self-compassion, and empathy among health care professionals: A review of the literature. *Journal of Health Care Chaplaincy*, 20(3), 95–108. https://doi.org/10.1080/08854726.2014.913876
- Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the Self-Compassion Scale. *Clinical Psychology & Psychotherapy*, 18(3), 250–255. https://doi.org/10.1002/cpp.702
- Rossetti, S. J. (2011). Why priests are happy: A study of the psychological and spiritual health of priests. Ave Maria Press.
- Rossetti, S. J. (2011). Why priests are happy: A study of the psychological and spiritual health of priests. Ave Maria Press.
- Rossetti, S. J., & Rhoades, C. J. (2013). Burnout in Catholic clergy: A predictive model using psychological and spiritual variables. *Psychology of Religion and Spirituality*, *5*(4), 335–341. https://doi.org/10.1037/a0033633
- Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, *55*(1), 68–78. https://doi.org/10.1037/0003-066X.55.1.68
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, *57*(6), 1069–1081. https://doi.org/10.1037/0022-3514.57.6.1069
- Ryff, C. D., & Singer, B. (1998). The contours of positive human health. *Psychological Inquiry*, *9*(1), 1–28.
- Ryff, C. D., & Singer, B. (2008). Know thyself and become what you are: A eudaimonic approach to psychological well-being. *Journal of Happiness Studies*, *9*(1), 13–39. https://doi.org/10.1007/s10902-006-9019-0
- Schulz, R., & Sherwood, P. R. (2008). Physical and mental health effects of family caregiving. *American Journal of Nursing*, 108(9 Suppl), 23–27. https://doi.org/10.1097/01.NAJ.0000336406.45248.4c
- Sirois, F. M., Molnar, D. S., & Hirsch, J. K. (2015). Self-compassion, stress, and coping in the context of chronic illness. *Self and Identity*, *14*(5), 603–617. https://doi.org/10.1080/15298868.2014.996249
- Slavich, G. M., & Irwin, M. R. (2014). From stress to inflammation and major depressive disorder: A social signal transduction theory of depression. *Psychological Bulletin*, 140(3), 774–815. https://doi.org/10.1037/a0035302

- Steptoe, A., Deaton, A., & Stone, A. A. (2015). Subjective wellbeing, health, and ageing. *The Lancet*, 385(9968), 640–648. https://doi.org/10.1016/S0140-6736(13)61489-0
- Zessin, U., Dickhäuser, O., & Garbade, S. (2015). The relationship between self-compassion and well-being: A meta-analysis. *Applied Psychology: Health and Well-Being*, 7(3), 340–364. https://doi.org/10.1111/aphw.12051
- Zessin, U., Dickhäuser, O., & Garbade, S. (2015). The relationship between self-compassion and well-being: A meta-analysis. *Applied Psychology: Health and Well-Being*, 7(3), 340–364. https://doi.org/10.1111/aphw.12051