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Episcopal Applicants to Ordained Ministry: Are they Psychological Healthy?

Thomas G. Plante and Christopher Apodaca¹

Abstract The current investigation evaluated psychological and personality profiles of applicants to the diaconate and priesthood for several Episcopal dioceses. Applicants included both genders and their ages ranged from 29 to 67 years. A psychological testing battery including the MMPI-2, 16PF, and MCMI-III was administered to 42 applicants between 2008 and 2009 who subsequently entered the diaconate or priestly formation program in the Episcopal Church. Results indicate that these applicants were generally well-adjusted. Findings also suggest some tendency for defensiveness, repression, naïveté, and a strong need for affection, as well as for being emotionally stable, intelligent, trusting, and open to change. Finally, results suggest elevations on histrionic, narcissistic, and compulsive measures.

Keywords Episcopal, Deacon, Priest, Psychological testing

Currently there are nearly 2.3 million active Episcopalians in the United States with 7,523 parishes and missions worldwide that require the presence of a priest or deacon (Episcopal Church, 2009). Given an ordained minister's important role, it is critical that they be psychologically fit to manage and be entrusted with the responsibilities of contemporary ministry.

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Yet surprisingly, to our knowledge, no published research has appeared in professional refereed outlets regarding those applying to ordained ministry in the Episcopal Church. However, there has been several personality studies of already ordained Anglican clergy mostly located in the United Kingdom (e.g., Musson, 1998, 2002).

In comparison, there is a fairly substantial amount of quality research data available and published on applicants to ordained ministry in the Roman Catholic Church. For example, Plante, Aldridge, & Louie (2005) found that Catholic applicants to the priesthood, though overall healthy and well adjusted, tend to maintain elevated scores on over controlled hostility, defensiveness, and repression as measured by the MMPI-2. Additionally, Plante & Lackey (2007) report that applicants to the Catholic diaconate have been found to score high on defensiveness, repression, naiveté, and a strong need for affection relative to national norms but are overall, psychologically well adjusted according to the MMPI-2.

The Episcopal Church can be viewed as a cross between Roman Catholicism and mainstream Protestantism maintaining qualities and traditions of both major branches of Christianity (Episcopal Church, 2009). For this reason, it is reasonable that some of the findings in the personality and psychological profiles of clergy applicants obtained with Roman Catholics may be similar to clergy applicants in the Episcopal Church. Although the functions of priests and deacons within both churches are similar, there are a few important differences that distinguish the Episcopal Church from the Roman Catholic Church. Among these include the fact that the Episcopal Church, in some dioceses, ordains practicing homosexuals to the priesthood and diaconate. Also, the Episcopal Church ordains women to the diaconate and priesthood whereas the Roman Catholic Church does not. The Roman Catholic Church only ordains single men who are not practicing homosexuals despite data that shows that Catholic

applicants to the priesthood who were homosexual showed no significant difference in MMPI-2 and 16PF scores than heterosexual applicants and were thus equally psychologically healthy (Plante, 2007).

The role of an Episcopal priest and deacon are similar to those of deacons and priests within the Roman Catholic Church. These responsibilities include preaching, presiding at liturgical celebrations, pastoral counseling, and administering the sacraments. However, deacons in the Roman Catholic church can be married while priests cannot. In general, priests in both religious traditions generally focus their ministries on liturgical celebrations and pastoral work while deacons generally focus on social ministries. Given the similarities between these two churches and the recent sexual abuse scandal that has come to light within the Roman Catholic Church in America and elsewhere (John Jay College of Criminal Justice, 2004; Plante, 2004), it is imperative that data be gathered regarding the psychological functioning of ministers in the Episcopal Church (as well as other churches and religious institutions) to ensure that their ministers are psychologically healthy for ministry and tend not to exhibit psychiatric risk factors or psychopathology that might lead them to harm others. Both general psychological health and a lack of significant psychiatric risk factors for potential problematic behavior must be assessed among applicants to ordained ministry. As of this date, there are no published studies that we can find in professional, refereed, academic outlets that examine the psychological function of applicants to ordained ministry in the Episcopal Church.

Methods

Forty-two applicants to the diaconate and priesthood from several Episcopal Church dioceses in the Western part of the United States were utilized as research participants (20 males, 22 females, mean age= 48.31 years, $SD=11.63$, age range = 29 to 67 years). Of these applicants, thirty-eight were born in the United States and 7 were not. Nine applicants were single, 16 were married, 8 reported being divorced, and 9 reported being in either a committed heterosexual or a homosexual relationship with a partner. Almost all applicants were middle class and Caucasian.

Measurements

The Minnesota Multiphasic Personality Inventory II (MMPI-2; Hathaway and McKinley 1989) is the most commonly used and researched psychological self-report measure available. It includes 567 true–false items that comprise several validity scales, ten basic clinical scales, and over 50 supplementary and additional subscales. The instrument evaluates psychological functioning and psychopathology assessing constructs such as anxiety, depression, antisocial behaviors, substance abuse risks, thought disorder, and more. The questionnaire is widely used and considered highly reliable and valid (Camara, Nathan, & Puente, 2000).

The Sixteen Personality Factors Questionnaire (16PF 5th Edition; Cattell, Cattell, & Cattell, 1993) is a well researched personality questionnaire that consists of 185 multiple-choice items comprising 16 primary personality factor scales. The 16PF evaluates personality style and tendencies and does not focus on psychological dysfunction as does the MMPI. Internal consistency reliabilities average about .74 with test–retest reliabilities averaging about .80 for 2-week intervals, and about .70 for 2-month intervals. The newest edition is normed on 2000 U.S. Census figures (Boyle, Matthews, & Saklofske, 2008).

The Millon Clinical Multiaxial Inventory-III (MCMI-III) is an often used, reliable, and valid self-report assessment of adult psychopathology (Millon & Bloom, 2008). The MCMI-III is based on personality patterns and clinical syndromes consistent with the Diagnostic and Statistical Manual (DSM-IV; American Psychiatric Association, 2000). The MCMI focuses on personality disorders and dysfunction in particular. The MCMI-III has been used extensively and internationally and is reported as being highly reliable and valid (Strack & Millon, 2007).

Procedure

The applicants completed the MMPI-2, 16PF, and MCMI-III as well as a 90 minute clinical interview with a licensed psychologist before admission to the diaconate and priesthood formation program or ordination between 2008 and 2009. The psychological evaluation was conducted as one of the last procedures of the application process before possible admission and ordination. All results were converted to standard scores and entered into a computer database for analysis.

Results

Means and standard deviations for MMPI-2 scales, 16PF scores, and MCMI-III measures are provided in Tables 1, 2, and 3.

MMPI-2 Results

Standardized T-scores from the applicants were compared to national norms using mean T-scores of 50 and standard deviations of 10 (Hathaway & McKinley, 1989). A review of Table 1 indicates a variety of significant MMPI-2 findings when compared to these national norms.

First, applicants tend to be defensive with significant elevations on the MMPI-2 Lie (L) ($M = 54.40$, $SD = 10.25$; $p < .01$), Correction (K) ($M = 62.51$, $SD = 6.79$, $p < .001$), Superlative Self-Presentation (S) ($M = 62.65$, $SD = 8.11$; $p < .001$), and Repression (R) scales ($M = 56.75$, $SD = 10.64$, $p < .001$), and low scores on the Infrequency (F) scale ($M = 44.20$, $SD = 5.87$, $p < .001$).

Second, subjects tend to experience a high degree of need for affection with elevations on the Need for Affection (Hy2) subscale scale ($M = 63.22$, $SD = 6.55$, $p < .001$). Third, subjects tend to score high on over controlled hostility (Scale O-H: $M = 58.91$, $SD = 12.15$, $p < .001$), dominance (Scale Do: $M = 58.55$, $SD = 10.83$, $p < .001$), and naivete (Scale Pa3: $M = 58.58$, $SD = 7.26$, $p < .001$). Finally, subjects tend to show generally good adjustment with significantly low scores on a wide variety of clinical measures, as compared to national norms such as anxiety (Scale A: $M = 39.98$, $SD = 7.85$, $p < .001$) and alcohol risk (Scale MAC-R: $M = 43.18$, $SD = 10.33$).

Given the large number of statistically significant findings relative to national norms, it is important to highlight elevated findings that are clinically significant (e.g., T-scores above 65).

Examining MMPI-2 T scores above 65, which the MMPI-2 developers consider clinically significant, we found that the most frequent scores that were above 65 were found on the defensiveness measure such as the K scale (occurring among 21 of the 55 applicants representing 38% of the group) and the S scale (occurring among 22 of the 55 applicants representing 40% of the group). Examining the clinical measures, significant elevations with scaled scores above 65 were found on the Hy2 scale (measuring need for affection occurring among 29 of the 55 applicants representing 53% of the group), O-H scale (measuring over controlled hostility

occurring among 12 of the 55 applicants representing 22% of the group), and the Do scale (measuring dominance occurring among 11 of the 55 applicants representing 20% of the group).

In order to examine differences among subgroups of applicants to ordained ministry, a two-way analysis of variance (ANOVA) procedure was conducted examining MMPI-2 scores using gender (i.e., males and females) and type of ministry (i.e., priests and deacons) as grouping variables in the analyses. Significant findings based on these analyses are found in Table 1.

These results demonstrate significant gender differences on the MMPI-2 Mf scale (measuring masculine-feminine tendencies; $F(1, 54) = 7.89, p < .01$) such that males scored higher on the MMPI-2 Mf scale than females. Result also found a significant ministry difference on the MMPI-2 Hy2 scale (measuring need for affection; $F(1, 54) = 4.13, p < .05$) such that deacon applicant scored higher on need for affection than priest applicants. Finally, results found significant gender by ministry interactions on the MMPI-2 F ($F(1,54) = 9.38, p < .01$), S ($F(1,54) = 5.00, p < .05$), Schizophrenia (Sc) ($F(1,54) = 5.56, p < .05$), Hy2 ($F(1,54) = 4.27, p < .05$), and Gender Role – Masculine (GM) ($F(1,54) = 8.56, p < .01$) scales such that male deacon applicants maintained the lowest F scores (representing less defensiveness) and Sc scores (representing the least idiosyncratic thinking) while male priest applicants maintained the lowest S scores (representing less superlative self presentation), Hy2 scores (representing need for affection), and GM scores (representing masculine interests) relative to the other applicant groups (all p 's $< .05$).

[Insert Table 1 about Here]

16PF Results

Sten scores from the participants were compared to national norms using mean sten scores of 5.5 and standard deviations of 3 (Cattell, Cattell, & Cattell, 1993). A review of Table 2 indicates a variety of significant 16PF findings when compared to these national norms. Subjects tend to be intelligent (Scale B: $M = 7.35$, $SD = 1.47$, $p < .001$), trusting (Scale L: $M = 3.17$, $SD = 1.73$, $p < .001$), and open to change (Scale Q1: $M = 7.17$, $SD = 1.48$, $p < .001$).

Given the large number of statistically significant findings relative to national norms, it is important to highlight elevated findings that are clinically significant (e.g., T-scores above 7 or below 4). Examining 16PF T scores above 7 or below 4, which the 16PF developers consider clinically significant, found that the most frequent scores that were above 7 were found on the intelligence measure such as the B scale (occurring among 30 of the 55 applicants representing 55% of the group), the C scale (measuring emotional stability and occurring among 28 of the 55 applicants representing 51% of the group), and the Q1 scale (measuring open to change and occurring among 21 of the 55 applicants representing 38% of the group). The most frequent scores that were below 4 were found on the L scale (measuring trustfulness occurring among 21 of the 55 applicants representing 38% of the group).

In order to examine differences among subgroups of applicants to ordained ministry, a two-way analysis of variance procedure (ANOVA) was conducted examining 16PF scores using gender (i.e., males and females) and type of ministry (i.e., priests and deacons) as grouping variables in the analyses. Significant findings based on these analyses are found in Table 2.

These results demonstrate significant gender differences on the 16PF I scale (measuring sensitivity; $F(1, 54) = 7.57$, $p < .01$) such that males scored higher on the 16PF I scale than

females. Results also demonstrate significant ministry difference on the 16PF Q4 scale (measuring relaxation level, $F(1, 54) = 6.20, p < .05$) such that deacon applicants were more relaxed than priest applicants. No significant gender by ministry interaction differences was found.

[Insert Table 2 about Here]

MCMI-III Results

Standardized T-scores from the applicants were compared to national norms using mean T-scores of 60 and standard deviations of 10 (Millon & Bloom, 2008). A review of Table 3 indicates a variety of significant MCMI-III findings when compared to these national norms. First, the applicants tend to be defensive with significant elevations on the MCMI-III Defensiveness (Y) Scale ($M = 69.06, SD = 12.28; p < .001$). Second, subjects tend to score high on measure assessing histrionic (Scale 4: $M = 72.07, SD = 18.86, p < .001$), narcissistic (Scale 5: $M = 68.72, SD = 13.38, p < .001$), and compulsive tendencies (Scale 7: $M = 64.37, SD = 16.28, p < .001$). Finally, subjects tend to show generally good adjustment with significantly low scores on a wide variety of clinical measures, as compared to national norms such as anxiety (Scale A: $M = 13.68, SD = 16.27, p < .001$), depression (Scale 2B: $M = 21.98, SD = 20.11, p < .001$), and alcohol risk (Scale B: $M = 19.11, SD = 20.58, p < .001$).

Given the large number of statistically significant findings relative to national norms, it is important to highlight elevated findings that are clinically significant (e.g., T-scores above 60).

Examining MCMI-III T scores above 60, which the MCMI-III developers consider clinically significant, found that the most frequent scores that were above 60 were found on the defensiveness measure (i.e., Scale Y with elevations occurring among 37 of the 55 applicants representing 67% of the group). Examining the clinical measures, significant elevations with scaled scores above 60 were found on the histrionic measure (Scale 4 with elevations occurring among 33 of the 55 applicants representing 60% of the group), narcissism (Scale 5 with elevations occurring among 45 of the 55 applicants representing 82% of the group), and compulsiveness (Scale 7 with elevations occurring among 33 of the 55 applicants representing 60% of the group). In examining the clinical subtests for each of the three major clinical elevated measures (i.e., histrionic, narcissism, and compulsiveness), we found the highest elevations on the subtests that measure gregarious self-image ($M = 72.28$, $SD = 14.54$, $p < .001$) with 47 of the 55 applicants (85%) scoring in the elevated range, admirable self-image ($M = 70.39$, $SD = 14.31$, $p < .001$) with 43 of the 55 applicants (78%) scoring in the elevated range, and cognitively constricted ($M = 81.00$, $SD = 13.67$, $p < .001$) with 53 of the 55 applicants (96%) scoring in the elevated range (standard scores above 60).

In order to examine differences among subgroups of applicants to ordained ministry, a two-way analysis of variance procedure (ANOVA) was conducted examining MCMI-III scores using gender (i.e., males and females) and type of ministry (i.e., priests and deacons) as grouping variables in the analyses. Significant findings based on these analyses are found in Table 3.

These results demonstrate significant gender differences on the MCMI-III scales measuring dependency (Scale 3: $F(1, 54) = 4.40$, $p < .05$), histrionic (Scale 4: $F(1, 54) = 45.45$, $p < .001$), narcissistic (Scale 5: $F(1, 54) = 21.63$, $p < .001$), and compulsive (Scale 7: $F(1, 54) = 17.68$, $p < .001$) tendencies such that males scored higher on dependency while females scores

significantly higher on the histrionic, narcissistic, and compulsive measures. Result also found a significant ministry difference on the MCMI-III scales measuring histrionic (Scale 4: $F(1, 54) = 4.77, p < .05$), sadistic (Scale 6B: $F(1, 54) = 4.86, p < .05$), compulsive (Scale 7: $F(1, 54) = 4.96, p < .05$), negativistic (Scale 8B: $F(1, 54) = 5.11, p < .05$), and post traumatic stress (Scale R: $F(1, 54) = 9.87, p < .01$) tendencies such that priests scored higher on sadistic, negativistic, and post traumatic stress measures while deacons scores significantly higher on the histrionic and compulsive measures. Finally, result also found a significant gender by ministry interaction effect on the MCMI-III scales measuring debasement (Scale Z: $F(1, 54) = 6.63, p < .05$), antisocial (Scale 6A: $F(1, 54) = 11.53, p < .01$), sadistic (Scale 6B: $F(1, 54) = 6.48, p < .05$), compulsive (Scale 7: $F(1, 54) = 11.53, p < .01$), negativistic (Scale 8A: $F(1, 54) = 5.29, p < .05$), masochistic (Scale 8B: $F(1, 54) = 4.20, p < .05$), somatoform (Scale H: $F(1, 54) = 4.35, p < .05$), drug dependent (Scale T: $F(1, 54) = 5.78, p < .05$), interpersonally exploitive (Scale 5.3: $F(1, 54) = 5.65, p < .05$), and interpersonally respectful measures (Scale 7.2: $F(1, 54) = 10.73, p < .01$) of the MCMI-III such that male priests scored higher on debasement, masochistic, somatoform, drug and dependent measures while scoring low on interpersonally exploitive, interpersonally respectful, and compulsive tendencies relative to the other applicant groups (i.e., deacons and woman) while male deacons scored lowest on antisocial, sadistic, and negativistic tendencies compared with the other applicant groups (i.e., priests and women) with all p 's $< .05$.

[Insert Table 3 about Here]

Discussion

Female and male applicants to ordained ministry in the Episcopal Church were administered the MMPI-2, 16PF, and MCMI-III, as well as participated in a 90 minute clinical interview by a psychologist. Episcopal clergy candidates during the period of this study showed patterns of testing results that demonstrated that they were generally well-adjusted. Findings suggest that they tend to be intelligent, trusting, emotionally stable, and open to change. However, results also suggest that they tend to be defensive, have a high need for affection, and score high on overcontrolled hostility. They tend to be gregarious, maintain an admirable self-image, and are cognitively constricted. These findings are important to note because they are generally consistent with previous research completed with Roman Catholic applicants to the priesthood and diaconate (e.g., Plante et al., 2005; Plante, 2007) as well as with research that has examined already ordained Anglican clergy (Musson, 1998, 2002). Thus, the psychological profiles of applicants to ordained ministry in the Episcopal and Roman Catholic traditions appear to be more similar than different as are already ordained Anglican clergy outside of the United States. Additionally, applicants to ordained ministry in the Episcopal Church do not appear to generally differ from the general population in terms of personality and indicators of psychopathology on most measures of psychological functioning.

However, relative to national norms, elevated scores on the MMPI-2 were found on various defensiveness measures such as on the L, K, S, and R scales. Many applicants also tended to score high on measures assessing need for affection (Hy2) and on overcontrolled hostility (O-H). Applicants exhibited generally good psychological adjustment with low scores on a variety of clinical measures such as anxiety (A), depression (D), and alcohol dependency (MAC-R). Although, generally psychologically healthy, applicants tend to repress hostile

impulses and may appear naive perhaps due to a tendency to see the best in others or minimize unflattering aspects of human nature.

Differences between subgroups of applicants (i.e., males and females as well as priests and deacon applicants) demonstrate significant gender differences on the masculine-feminine scale (Mf) such that males scored higher than females as well as a significant ministry difference on the need for affection scale (Hy2) such that deacon applicants scored higher than priest applicants. Additionally, results found significant gender by ministry interactions on the F, S, Sc, Hy2, and GM scales such that male deacon applicants maintained the lowest F scores (representing less defensiveness) and Sc scores (representing the least idiosyncratic thinking). Male priests maintained lowest S scores (representing less superlative self presentation), Hy2 scores (representing need for affection), and GM scores (representing masculine interests) relative to other applicant groups. Thus, male applicants to ordained ministry have high gender feminine interests and deacons experience a higher need for affection. Ministry may require many gender feminine skills (such as nurturance, interest in family relationships, and pastoral care). Deacons may be more engaged with social ministries than priest applicants and thus have higher needs for connection to others. Small and restricted sample sizes on these additional analyses suggest that caution should be applied to these interpretations.

In the examination of 16PF scores, overall applicants tended to be intelligent, trusting, emotionally stable, and open to change. Analysis of participant subgroups showed significant gender differences measuring sensitivity (I scale) such that males scored higher than females. Higher scores for men regarding sensitivity may suggest that males interested in ministry may be more interpersonally sensitive than other men in the general population. Additionally, results demonstrated significant ministry difference on the scale measuring relaxation (Q4) such that

deacons scored lower than priests and thus report being more relaxed. Again, small and restricted samples suggest that one must be cautious with these interpretations.

Results from the MCMI-III indicate that applicants tend to score high on defensive (Y-scale), histrionic (Scale 4), narcissism (Scale 5), and compulsive tendencies (Scale 7). The highest statistically significant elevations in the subtests of these three scales were found in subscales that measure gregarious self-image, admirable self-image, and cognitively constricted suggesting that as a group, applicants tend to be friendly, sociable, think highly of themselves and what they have to offer, and are constricted in their thinking. Results indicated significant gender differences such that male applicants tended to be dependent and female applicants tended to be more histrionic, compulsive, and narcissistic. Results indicated significant differences by ministry such that priests scored higher on sadistic, negativistic, histrionic, and post traumatic stress scales than deacons while deacons tended to be more compulsive and histrionic than priests. Results also indicated significant ministry by gender differences such that male deacons tended to be the least anti-social, sadistic, negativistic, and interpersonally exploitive. Also, male priests scored higher on scales measuring drug dependent, somatoform, debasement, and masochistic tendencies relative to others applicants. Once again, small and restricted samples suggest that one must be cautious with these interpretations.

Overall, applicants to ordained ministry in the Episcopal Church are generally well adjusted and functioning, confident, and psychologically healthy. They tend to be sociable, open to change, emotionally stable, and trusting as well. However, as a group they evidenced elevations on some measures of defensiveness, over controlled hostility, need for affection, and nievete that are qualities often similar to those elevated among Roman Catholic applicants to ministry. Additionally, they experienced elevations on measures assessing some narcissitic,

histrionic, and compulsive traits such as admirable and gregarious self image as well as cognitive constriction. Gender differences in the present study were consistent with gender differences in several other research studies examining female clergy (e.g., Beit-Hallahmi & Argyle, 1997; Musson, 1998, 2002).

Implications for ministry may include being thoughtful about how defensiveness, need for affection, inexperience, as well as narcissistic, histrionic, and compulsive tendencies may become manifested in clergy. Although generally psychologically healthy, clergy applicants may be at some risk for transference and countertransference issues associated with their role in congregations as well as their tendency for defensive, compulsive, narcissistic and other tendencies discussed in this paper. Of course, future research that examines these issues among ordained clergy over time are needed to better understand how these dynamics may unfold among clergy.

Limitations of this study include the fact that results were drawn from a fairly small sample of ministry applicants and the study was descriptive in nature. No follow up information regarding the outcome of their training, formation, or ministry was available and won't be for the near future. Furthermore, the large number of analyses in relation to the fairly small number of participants suggests that the probability of Type I errors or false positive findings are high. Additionally, it is unclear if there is a self-selection factor that might be operating in that it is unclear if clergy applicants with a particular psychological profile are more likely to pursue ordained ministry or perhaps are encouraged and selected by vocation committees and other church groups. Thus, results must be viewed with great caution and additional research is clearly needed. It would be beneficial to examine a much larger group of applicants to ordained ministry in more depth and to do so in a longitudinal rather than cross sectional manner in the

Episcopal Church as well as examine applicants to other religious denominations as well. Hopefully, future research can better address these important issues.

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