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**To cite this article:** Leslie Francis, Graeme Hancocks, Chris Swift & Mandy Robbins (2009) Distinctive Call, Distinctive Profile: The Psychological Type Profile of Church of England Full-time Hospital Chaplains, *Practical Theology*, 2:2, 269-284, DOI: [10.1558/prth.v2i2.269](https://doi.org/10.1558/prth.v2i2.269)

**To link to this article:** <https://doi.org/10.1558/prth.v2i2.269>



Published online: 21 Apr 2015.



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## **Distinctive Call, Distinctive Profile: The Psychological Type Profile of Church of England Full-time Hospital Chaplains**

Leslie Francis, Graeme Hancocks, Chris Swift  
and Mandy Robbins

### **ABSTRACT**

This paper employs psychological type theory in order to illuminate the personality characteristics of Church of England clergy engaged in ministry as full-time hospital chaplains. Data provided by 101 chaplains (who completed the Francis Psychological Type Scales) are compared with the general profile of Church of England clergy published in an earlier study. The key findings are that, compared with Church of England clergymen in general, those engaged in full-time hospital chaplaincy are more likely to prefer introversion (71% compared with 57%), to prefer feeling (84% compared with 54%), and to prefer judging (82% compared with 68%). This finding is particularly poignant in light of the way in which, compared with Church of England clergymen in general, men in the United Kingdom population are less likely to prefer feeling (35%) or judging (55%). The implications of these findings are discussed for the development of healthcare chaplaincy.

Keywords: chaplains, Church of England, clergy, personality theory, psychological type.

Popular wisdom may well suggest that who we are helps to shape the profession we choose or the job to which we remain committed for a long period of time. Support for such popular wisdom is found in that branch of occupational psychology concerned with testing the distinctive personality profile of different occupational groups (Furnham, 1992, 2006).

The model of personality proposed by the Jungian theory of psychological type (Jung, 1971) and developed by a series of type indicators, including the Myers-Briggs Type Indicator (Myers and McCaulley, 1985), the Keirsey Temperament Sorter (Keirsey and Bates, 1978), and the Francis Psychological Type Scales (Francis, 2005), has proved to be particularly fruitful in identifying distinctive psychological type profiles associated with different occupational groups as documented below.

The Jungian theory of psychology type proposes a particularly attractive model of personality in terms of the aspects of human functioning on which it concentrates. The model is entirely concerned with aspects

of normal human functioning; it does not embrace areas of psychopathology. The model is entirely concerned with fundamental and value-free aspects of normal human functioning; it does not embrace areas of character formation. Assessment made with this model of personality is concerned with neither the mad nor the bad.

The Jungian model of psychological type, however, is somewhat contentious in terms of conceptualization and operationalization. Unlike many other models of personality, including the 16-factor model proposed by Cattell (see Cattell *et al.*, 1993), the three-dimensional model proposed by Eysenck (see Eysenck and Eysenck, 1991), and the five-factor model proposed by Costa and McCrae (1985), the Jungian model is conceptualized in terms of typology rather than in terms of traits, dimensions or factors. The four dichotomous components that comprise Jungian type theory are defined as introversion or extraversion, sensing or intuition, thinking or feeling, and judging or perceiving.

Introversion (I) and extraversion (E) are described as the two psychological orientations. They are concerned with the sources of psychological energy. Introverts are energised by the inner world, while extraverts are energised by the outer world. As a consequence of these fundamental psychological differences, introverts and extraverts model quite different leadership styles. The extravert prefers to lead from the front, while the introvert prefers to lead from within.

Sensing (S) and intuition (N) are described as the two perceiving functions. They are concerned with the ways in which people gather information. Sensing types prefer to focus on the realities of a situation as perceived by the senses, while intuitive types prefer to focus on the possibilities of a situation, perceiving meanings and relationships. As a consequence of these fundamental psychological differences, sensors and intuitives model quite different leadership styles. The sensing type prefers to offer a cautious lead stamped with realism, while the intuitive type prefers to offer an inspirational lead stamped with vision.

Thinking (T) and feeling (F) are described as the two judging functions. They are concerned with the ways in which people make decisions. Thinking types prefer to make decisions and judgements based on objective, impersonal logic, while feeling types prefer to make decisions and judgements based on subjective, personal values. As a consequence of these fundamental psychological differences, thinking types and feeling types model quite different leadership styles. The thinking type prefers to lead through objective strategies and decisive organization, while the feeling type prefers to lead through consensus, harmony, agreement and compromise.

Judging (J) and perceiving (P) are described as the attitudes toward the outer world. Judging types use their preferred judging function (thinking or feeling) in the outer world to create an organised and disciplined environment, while perceiving types use their preferred perceiving function (sensing or intuition) in the outer world to permit a flexible and responsive environment. As a consequence of these fundamental psychological differences, judging types and perceiving types model quite different leadership styles. Judging types prefer to run a tight ship and a well-planned organization, while perceiving types prefer to operate a flexible and responsive environment which can adapt to last minute eventualities.

### *Occupational Profiles*

A considerable body of evidence has accrued over the years on the relationship between personality type and self-selected career choices. For example, a number of studies point to the predominance of ISTJ and ESTJ among accountants (Descouzis, 1989; Jacoby, 1981; Satava, 1996), ISFJ and ESFJ among nurses and nursing assistants (Daub *et al.*, 2000; Jain and Lall, 1996), ESTJ and ISTJ among managers (Cabral and Joyce, 1991; Ginn, 1994; Hawkins, Williams and Hawkins, 1990; Oswick and Mahoney, 1993), and ESFJ and ISFJ among elementary- or primary-school teachers (Reid, 1999; Schurr *et al.*, 1993; Sears *et al.*, 1997; Francis, 2006). An early and very useful collection of research samples was provided by Macdaid *et al.* (1986).

Three kinds of practical implications emerge from taking seriously the type profiles associated with different professional groups. First, it is possible to appreciate the strengths brought to distinctive areas of work by certain type preferences. For example, a preference for ISTJ among accountants indicates a dominant concern with detail and facts. A preference for ESTJ among managers indicates a dominant concern for objective decision-making and deployment of human resource. A preference for ESFJ among elementary- or primary-school teachers indicates a dominant concern with people and with interpersonal relationships. Second, it is possible to appreciate how the dominant characteristics of the professionals themselves shape the public perception of the profession. The ISTJ world of the accountants may shape a predominantly introverted world in which individuals prefer to work alone and place little reliance on the overt support of others. The ESTJ world of the manager may shape a predominantly tough environment in which the overall good of the organization takes precedence over the feelings of the employees. The ESFJ world of the elementary- or primary-school teacher may shape

a predominantly person-centred environment in which tough decisions are shelved and organizational matters are subordinated to interpersonal concerns. Third, it is possible to appreciate how individuals who do not conform to the preferred personality profile of a given profession may face difficulty in being properly recognized and affirmed within their chosen profession. The ENFP accountant, as mirror image of the ISTJ, may be viewed as troublesome for wishing to explore new ways of tackling problems routinely handled by established procedures. The INFP manager, as mirror image of the ESTJ, may be viewed as soft and indecisive in wishing to manage change with innovation and human-concern. The INTP elementary- or primary-school teacher, as mirror image of ESFJ, may be viewed as harsh and unsympathetic in dealing with troublesome pupils from a strategic perspective.

### *Church of England Clergy*

Over the past decade a series of studies has begun to document the psychological type profiles of clergy and church leaders serving in various denominations and in various capacities in Britain. These studies have focused on Presbyterian Church of Scotland ministers (Irvine, 1989), male and female Bible College students (Francis, Penson and Jones, 2001), evangelical church leaders (Francis and Robbins, 2002; Craig, Francis and Robbins, 2004), male missionary personnel (Craig, Horsfall and Francis, 2005), evangelical lay church leaders (Francis, Craig, Horsfall and Ross, 2005), Roman Catholic priests (Craig, Duncan and Francis, 2006), youth ministers (Francis, Nash, Nash and Craig, 2007), evangelical Anglican seminarians (Francis, Craig and Butler, 2007), and Assemblies of God theological college students (Kay, Francis and Craig, 2008; Kay and Francis, 2008).

Considered together, these studies lead to two main conclusions. First, overall there are some clear differences between the profile of clergy and church leaders and the profile of the general population. The clearest differences here concern the judging function and the attitude toward the outside world. In terms of the judging function, there are significantly more feelers and significantly fewer thinkers among clergy and church leaders compared with the general population. In terms of the attitude toward the outer world, there are significantly more judges and significantly fewer perceivers among clergy and church leaders compared with the general population. Second, overall there are some clear differences between clergy and church leaders from different types of churches. The clearest differences here concern the orientations and perceiving function. In terms of the orientations, some denominations attract a higher

proportion of introverts into leadership (including the Roman Catholic Church and the Anglican Church), while other denominations attract a higher proportion of extraverts into leadership (including the Assemblies of God and Elim). In terms of the perceiving function, more liberal churches attract a higher proportion of intuitives, while more conservative churches attract a higher proportion of sensors.

In this context, a detailed profile of Church of England clergy was provided by Francis, Craig, Whinney *et al.* (2007), drawing on data provided by 626 clergymen and 237 clergywomen who had completed the 126-item Form G (Anglicised) of the Myers-Briggs Type Indicator (Myers and McCaulley, 1985) generally in the context of personal and professional development programmes. Among the clergymen, these data demonstrated clear preferences for introversion (57%) over extraversion (43%), for intuition (62%) over sensing (38%), for feeling (54%) over thinking (47%), and for judging (68%) over perceiving (32%). The three predominant types among clergymen were INTJ (11%), INFP (10%), and ISTJ (10%). Among the clergywomen, these data demonstrated clear preferences for introversion (54%) over extraversion (46%), for intuition (65%) over sensing (35%), for feeling (74%) over thinking (26%), and for judging (64%) over perceiving (35%). The three predominant types among clergywomen were ENFJ (15%), INFP (14%), and ISFJ (12%).

In the second stage of their data analysis, Francis, Craig, Whinney *et al.* (2007) compared the profile of Church of England clergy with the population norms published by Kendall (1998). Among the clergymen compared with the population norms for men, there were significant higher proportions of intuitive types (62% compared with 27%), feeling types (54% compared with 35%), and judging types (68% compared with 55%). There was no significant difference between the proportions of introverts among clergymen (57%) and among men in general (53%). Among the clergywomen compared with the population norms for women, there were significantly higher proportions of introverts (54% compared with 43%), and intuitive types (65% compared with 21%). There were no significant differences between the psychological type preferences of clergywomen and the population norms for women in terms of feeling (74% and 71%) and in terms of judging (65% and 62%).

### *Research Agenda*

Against this background, the aim of the present study is to assess whether the profiles of Church of England clergymen and clergywomen who serve in the highly specialized ministry of hospital chaplaincy reflect the type profiles of Church of England clergymen and clergywomen in

general as portrayed by Francis, Craig, Whinney *et al.* (2007) or whether there are particular type characteristics associated with this style of ministry. On the basis of psychological type theory, four specific hypotheses are generated suggesting that the appeal of hospital chaplaincy may be greater for some types than for others.

The first hypothesis concerns the orientations. General parish-based ministry may well provide an appropriate context for the exercise of both introverted and extraverted preferences. Clergy with a preference for introversion may tend to emphasize those aspects of ministry concerned more with in-depth one-to-one personal encounters, while clergy with a preference for extraversion may tend to emphasize those aspects of ministry concerned more with social activities and public engagement. Previous research has drawn attention to the over-representation of introverts among Church of England clergy in comparison with the population norms. Many aspects of hospital chaplaincy may seem to favour an introverted orientation, including opportunities for in-depth encounters with individual patients, working at times of stress with a small group of family members, and needing to make key decisions on their own without often the need or opportunity to talk these issues through with others. The first hypothesis, therefore, suggests that, although according to previous research introverts already tend to be over-represented among Church of England clergy, they will be even more strongly over-represented among Church of England hospital chaplains.

The second hypothesis concerns the perceiving processes. General parish-based ministry may well provide an appropriate context for the exercise of both sensing and intuitive preferences. Clergy with a preference for sensing may tend to emphasize the more conventional, traditional and conservative aspects of liturgy, doctrine and belief, while clergy with a preference for intuition may tend to emphasize the more innovative expression, and liberal interpretation of the faith. Previous research has drawn attention to the over-representation of intuitives among Church of England clergy in comparison both with the population norms and with clergy associated with less liberal denominations. Since the Church of England as a whole permits a balance between conservative and liberal, traditional and innovative, Catholic and evangelical among both clergy and laity (Francis, Robbins and Astley, 2005), there seems to be no *prime facie* reasons for suspecting that hospital chaplaincy may discriminate in favour of either sensing or intuitive preferences. The second hypothesis, therefore, suggests that, in terms of preferences for sensing and for intuition there will be no significant differences between Church of England hospital chaplains and Church of England clergy working in less specialized forms of ministry.



The third hypothesis concerns the judging processes. General parish-based ministry may well provide an appropriate context for the exercise of both thinking and feeling preferences. Clergy with a preference for thinking may emphasize those aspects of ministry concerned with teaching, preaching, and social justice, while clergy with a preference for feeling may emphasize those aspects of ministry concerned with pastoral care, peace and harmony. Previous research has drawn attention to the over-representation of feelers among Church of England clergy in comparison with the population norms. Many aspects of hospital chaplaincy may seem to favour a preference for feeling, including exercise of the gifts of empathy and sympathy, and the desire to offer a healing presence alongside others at points of human pain, suffering and death. The third hypothesis, therefore, suggests that, although according to previous research feelers are already strongly over-represented among Church of England clergy, they will be even more strongly over-represented among Church of England hospital chaplains.

The fourth hypothesis concerns the attitude towards the outer world. General parish-based ministry may well provide an appropriate context for the exercise of both judging and perceiving preferences. Clergy with a preference for judging may emphasize those aspects of ministry that operate best within a well-organized framework and a tight structure, while clergy with a preference for perceiving may emphasize those aspects of ministry that operate best within a flexible and spontaneous environment. Previous research has drawn attention to the over-representation of judges among Church of England clergy in comparison with the population norms. Many aspects of hospital chaplaincy may seem to favour a preference for judging, including working within a tightly organized and managed institution, structured hours and patterns of working, and a framework of accountability. The fourth hypothesis, therefore, suggests that, although according to previous research, judges are already over-represented among Church of England clergy, they will be even more strongly over-represented among Church of England hospital chaplains.

### *Method*

#### *Procedure*

Information was drawn together from three sources to compile a current list of all full-time Church of England chaplains employed in hospitals in England: the Hospital Chaplaincies Council, the College of Health Care Chaplains, and *Crockford's Clerical Directory*. All 260 chaplains identified by this method were contacted via their NHS



email address and invited to complete an online questionnaire available between 4 October and 4 November 2007. The questionnaire comprised five other sections in addition to a measure of psychological type. Ethical approval for the research was granted by the appropriate Ethics Committee.

### *Measure*

*Psychological type* was assessed by the Francis Psychological Type Scales (Francis, 2005). This 40-item instrument comprises four sets of 10 forced-choice items related to each of the four components of psychological type: orientation (extraversion or introversion), perceiving process (sensing or intuition), judging process (thinking or feeling), and attitude towards the outer world (judging or perceiving). Recent studies have demonstrated this instrument to function well in church-related contexts. For example, Craig, Francis and Hall (2008) reported alpha coefficients of .83 for the EI scale, .76 for the SN scale, .73 for the TF scale, and .79 for the JP scale.

### *Sample*

Of the 260 individuals contacted, 101 submitted fully-completed questionnaires (including the type sorter) within the limited time during which the survey was online, making a response rate of 39%. The sample comprised 39 clergywomen and 62 clergymen. Of the 101 respondents, 7 were in their thirties, 32 were in their forties, 46 were in their fifties, 14 were aged sixty or over, and two failed to divulge their age. In terms of marital status, 55 were married, 9 were divorced and remarried, 7 were divorced, 1 was widowed, 16 were living with a same-sex partner, 12 were single, and one failed to divulge his or her marital status.

### *Results*

Table 1 presents the type profile of male Church of England full-time hospital chaplains compared with the profile of 626 Church of England clergymen reported by Francis, Craig, Whinney *et al.* (2007). These data demonstrate that male Church of England chaplains display strong preferences for introversion (71%) over extraversion (29%), for feeling (84%) over thinking (16%), and for judging (82%) over perceiving (18%). They also display a slight preference for intuition (52%) over sensing (48%). Within this group the two predominant types are ISFJ (27%) and INFJ (23%), indicating that the combined IFJ preferences are in every two male Church of England full-time hospital chaplains (50%). In terms of dominant type preferences, dominant thinkers were very much in the minority (3%).

Table 1. *Type Distribution for Male Church of England Full-time Hospital Chaplains*

N = 62 ± 1% of N I = Selection Ratio Index \*p&lt;.05 \*\*p&lt;.01 \*\*\*p&lt;.001

<b>ISTJ</b> <i>n</i> = 4 (6.5%) <i>I</i> = 0.65 +++++ ++	<b>ISFJ</b> <i>n</i> = 17 (27.4%) <i>I</i> = 3.50*** +++++ +++++ +++++ ++	<b>INFJ</b> <i>n</i> = 14 (22.6%) <i>I</i> = 2.48*** +++++ +++++ +++++	<b>INTJ</b> <i>n</i> = 4 (6.5%) <i>I</i> = 0.59 +++++ ++	E I  S N  T F J P	18 (29.0%) 44 (71.0%)  30 (48.4%) 32 (51.6%)  10 (16.1%) 52 (83.9%) 51 (82.3%) 11 (17.7%)	<i>I</i> = 0.67* <i>I</i> = 1.25*  <i>I</i> = 1.26 <i>I</i> = 0.84  <i>I</i> = 0.35*** <i>I</i> = 1.57*** <i>I</i> = 1.21* <i>I</i> = 0.56*						
<b>ISTP</b> <i>n</i> = 0 (0.0%) <i>I</i> = 0.00	<b>ISFP</b> <i>n</i> = 1 (1.6%) <i>I</i> = 1.12 ++	<b>INFP</b> <i>n</i> = 4 (6.5%) <i>I</i> = 0.64 +++++ ++	<b>INTP</b> <i>n</i> = 0 (0.0%) <i>I</i> = 0.00	IJ IP EP EJ ST SF NF NT	39 (62.9%) 5 ( 8.1%) 6 ( 9.7%) 12 (19.4%) 5 ( 8.1%) 25 (40.3%) 27 (43.5%) 5 ( 8.1%)	<i>I</i> = 1.66*** <i>I</i> = 0.42* <i>I</i> = 0.76 <i>I</i> = 0.64 <i>I</i> = 0.41* <i>I</i> = 2.18*** <i>I</i> = 1.24 <i>I</i> = 0.30***						
<b>ESTP</b> <i>n</i> = 0 (0.0%) <i>I</i> = 0.00	<b>ESFP</b> <i>n</i> = 1 (1.6%) <i>I</i> = 0.67 ++	<b>ENFP</b> <i>n</i> = 5 (8.1%) <i>I</i> = 1.20 +++++ +++	<b>ENTP</b> <i>n</i> = 0 (0.0%) <i>I</i> = 0.00	<b>Pairs and Temperaments</b>								
				SJ SP NP NJ TJ TP FP FJ	28 (45.2%) 2 ( 3.2%) 9 (14.5%) 23 (37.1%) 10 (16.1%) 0 ( 0.0%) 11 (17.7%) 41 (66.1%)	<i>I</i> = 1.45* <i>I</i> = 0.45 <i>I</i> = 0.59 <i>I</i> = 1.00 <i>I</i> = 0.46** <i>I</i> = 0.00** <i>I</i> = 0.86 <i>I</i> = 2.10***						
<b>ESTJ</b> <i>n</i> = 1 (1.6%) <i>I</i> = 0.25 ++	<b>ESFJ</b> <i>n</i> = 6 (9.7%) <i>I</i> = 1.41 +++++ +++++	<b>ENFJ</b> <i>n</i> = 4 (6.5%) <i>I</i> = 0.71 +++++ ++	<b>ENTJ</b> <i>n</i> = 1 (1.6%) <i>I</i> = 0.21 ++	IN EN IS ES ET EF IF IT	22 (35.5%) 10 (16.1%) 22 (35.5%) 8 (12.9%) 2 ( 3.2%) 16 (25.8%) 36 (58.1%) 8 (12.9%)	<i>I</i> = 1.00 <i>I</i> = 0.62 <i>I</i> = 1.66* <i>I</i> = 0.76 <i>I</i> = 0.18** <i>I</i> = 1.03 <i>I</i> = 2.04*** <i>I</i> = 0.45**						
Jungian Types (E)			Jungian Types (I)			Dominant Types						
	<i>n</i>	%	<i>I</i>		<i>n</i>	%	<i>I</i>	<i>n</i>	%	<i>I</i>		
E-TJ	2	3.2	0.22*	I-TP	0	0.0	0.00*	Dt. T	2	3.2	0.15***	<i>Francis, Hancock</i>
E-FJ	10	16.1	1.01	I-FP	5	8.1	0.70	Dt. F	15	24.2	0.88	<i>Swift and Robt. Burns</i>
ES-P	1	1.6	0.46	S-J	21	33.9	1.91**	Dt. S	22	35.5	1.67**	<i>of male Church of England</i>
EN-P	5	8.1	0.87	N-J	18	29.0	1.44	Dt. N	23	37.1	1.26	<i>full-time hospital chaplain</i>

*Francis, Hancocks,  
Swift and Robbins  
of male Church of  
England full-time  
hospital chaplains*

Comparisons with the data provided by Francis, Craig, Whinney *et al.* (2007) confirmed all four of the hypotheses explored by the study. Compared with Church of England clergymen in general, male hospital chaplains emerged as more likely to prefer introversion (71% compared with 57%), as more likely to prefer feeling (84% compared with 54%), and as more likely to prefer judging (82% compared with 68%), but as displaying no significant differences in terms of preferences for intuition (52% and 62%) or for sensing (48% and 38%).

Table 2 presents the type profile of female Church of England full-time hospital chaplains compared with the profile of 237 Church of England clergywomen reported by Francis, Craig, Whinney *et al.* (2007). These data demonstrate that female Church of England chaplains also display strong preferences for introversion (67%) over extraversion (33%), for feeling (90%) over thinking (10%), and for judging (74%) over perceiving (26%). Like the male chaplains, the female chaplains display a slight preference for intuition (51%) over sensing (49%). Within this group the two predominant types are also ISFJ (31%) and INFJ (21%), indicating that the combined IFJ preferences are in every two female Church of England full-time hospital chaplains (52%). In terms of dominant type preferences, dominant thinkers are again very much in the minority (3%).

Comparison with the data provided by Francis, Craig, Whinney *et al.* (2007) confirmed two of the four hypotheses explored by the study. First, the hypothesis that preferences for feeling would be more evident among chaplains was confirmed (90% compared with 74%). Second, the hypothesis that there would be no significant differences in preferences for sensing or for intuition was confirmed: intuition was preferred by 52% of female chaplains and by 65% of clergywomen in general; sensing was preferred by 48% of chaplains and by 35% of clergymen in general. The other two hypotheses were not confirmed by the data: 67% of female chaplains preferred introversion, and so did 54% of clergywomen in general; 74% of female chaplains preferred judging, and so did 65% of clergywomen in general. Although the percentage differences in terms of both introversion and judging are quite large, these differences fail to reach statistical significance in view of the small sample size.

### Conclusion

The present study has built on previous research among Church of England clergy in general to profile the psychological type preferences of Church of England clergymen and clergywomen working in full-time hospital chaplaincy in England. Six main conclusions emerge from the data generated by this study.

Table 2. *Type Distribution for Female Church of England Full-time Hospital Chaplains*

N = 39 += 1% of N I = Selection Ratio Index \*p&lt;.05 \*\*p&lt;.01 \*\*\*p&lt;.001

				The Sixteen Complete Types								
<b>ISTJ</b> <i>n</i> = 1 (2.6%) <i>I</i> = 0.55 +++	<b>ISFJ</b> <i>n</i> = 12 (30.8%) <i>I</i> = 2.51** ++++ ++++ ++++ ++++ ++++ +	<b>INFJ</b> <i>n</i> = 8 (20.5%) <i>I</i> = 1.94 ++++ ++++ ++++ ++++ +	<b>INTJ</b> <i>n</i> = 2 (5.1%) <i>I</i> = 0.76 ++++	E <i>I</i>  S N  T F  J P	13 (33.3%) 26 (66.7%)  20 (51.3%) 19 (48.7%)  4 (10.3%) 35 (89.7%)  29 (74.4%) 10 (25.6%)	<i>I</i> = 0.72 <i>I</i> = 1.23  <i>I</i> = 1.45 <i>I</i> = 0.75  <i>I</i> = 0.39* <i>I</i> = 1.22*  <i>I</i> = 1.15 <i>I</i> = 0.72						
				Pairs and Temperaments								
<b>ISTP</b> <i>n</i> = 0 (0.0%) <i>I</i> = 0.00	<b>ISFP</b> <i>n</i> = 0 (0.0%) <i>I</i> = 0.00	<b>INFP</b> <i>n</i> = 2 (5.1%) <i>I</i> = 0.37 ++++	<b>INTP</b> <i>n</i> = 1 (2.6%) <i>I</i> = 1.52 +++	IJ IP EP EJ ST SF NF NT	23 (59.0%) 3 ( 7.7%) 7 (17.9%) 6 (15.4%) 1 ( 2.6%) 19 (48.7%) 16 (41.0%) 3 ( 7.7%)	<i>I</i> = 1.73** <i>I</i> = 0.39 <i>I</i> = 1.15 <i>I</i> = 0.51 <i>I</i> = 0.23 <i>I</i> = 2.03*** <i>I</i> = 0.82 <i>I</i> = 0.52						
<b>ESTP</b> <i>n</i> = 0 (0.0%) <i>I</i> = 0.00	<b>ESFP</b> <i>n</i> = 2 (5.1%) <i>I</i> = 3.04 ++++	<b>ENFP</b> <i>n</i> = 5 (12.8%) <i>I</i> = 1.22 ++++ ++++ +++	<b>ENTP</b> <i>n</i> = 0 (0.0%) <i>I</i> = 0.00	SJ SP NP NJ	18 (46.2%) 2 ( 5.1%) 8 (20.5%) 11 (28.2%)	<i>I</i> = 1.59* <i>I</i> = 0.81 <i>I</i> = 0.70 <i>I</i> = 0.80						
<b>ESTJ</b> <i>n</i> = 0 (0.0%) <i>I</i> = 0.00	<b>ESFJ</b> <i>n</i> = 5 (12.8%) <i>I</i> = 1.90 ++++ ++++ +++	<b>ENFJ</b> <i>n</i> = 1 (2.6%) <i>I</i> = 0.17* +++	<b>ENTJ</b> <i>n</i> = 0 (0.0%) <i>I</i> = 0.00	TJ TP FP FJ IN EN IS ES ET EF IF IT	3 ( 7.7%) 1 ( 2.6%) 9 (23.1%) 26 (66.7%) 13 (33.3%) 6 (15.4%) 13 (33.3%) 7 (17.9%) 0 ( 0.0%) 13 (33.3%) 22 (56.4%) 4 (10.3%)	<i>I</i> = 0.38 <i>I</i> = 0.43 <i>I</i> = 0.78 <i>I</i> = 1.50** <i>I</i> = 1.01 <i>I</i> = 0.49* <i>I</i> = 1.58 <i>I</i> = 1.25 <i>I</i> = 0.00* <i>I</i> = 0.99 <i>I</i> = 1.41 <i>I</i> = 0.74						
Jungian Types (E)			Jungian Types (I)			Dominant Types						
	<i>n</i>	%	<i>I</i>		<i>n</i>	%	<i>I</i>	<i>n</i>	%	<i>I</i>		
E-TJ	0	0.0	0.00	I-TP	1	2.6	1.01	Dt. T	1	2.6	0.23	<i>Francis, Hancock,</i>
E-FJ	6	15.4	0.71	I-FP	2	5.1	0.30	Dt. F	8	20.5	0.53*	<i>Swift and Robbins</i>
ES-P	2	5.1	2.43	S-J	13	33.3	1.98*	Dt. S	15	38.5	2.03**	<i>of female Church</i>
EN-P	5	12.8	0.95	N-J	10	25.6	1.48	Dt. N	15	38.5	1.25	<i>of England full-time</i>
												<i>hospital chaplains</i>

First, the present data confirm the coherence of psychological type theory and the validity of psychological type measures to advance and to test hypotheses regarding the self-selection process involved both in entering (or being accepted for) ordained ministry in the Church of England in general and in selecting to exercise that ministry in (or to remain in) the specialized sphere of hospital chaplaincy. It may be concluded, therefore, that this is a general line of research worth extending.

Second, alongside data from earlier studies, the present data demonstrate both the extent to which Church of England clergy differ from the psychological type profile of the wider population from which they are drawn, and the extent to which Church of England clergy serving in full-time hospital chaplaincy differ from the psychological type profile of the wider pool of clergy from which they are drawn. Strong differences in psychological type profile can both equip individuals for achieving excellence in those fields for which they are well suited, but also create distance and areas of misunderstanding within wider social contexts.

Third, the present data draw attention to the distinctive psychological type strength of the Church of England full-time hospital chaplains. Both clergymen and clergywomen engaged in this form of ministry are characterized by clear preference for introversion, intuition, feeling and judging. Introversion fits these ministers for quiet, reflective ministry among individuals. Intuition fits them for spotting possibilities, connections and creative solutions to complex human situations and problems. Feeling fits them for a ministry that places the individual at the heart of their pastoral concern, and that appreciates the experiences and needs of patients and their families during times of sickness, stress, dying, death and bereavement. Judging fits them for working within lightly controlled and well-regulated environments.

Fourth, by profiling the distinctive strengths of Church of England full-time hospital chaplains, the present data also highlight the areas in which they may experience difficulties and problems. Individuals with a strong preference for introversion may experience reluctance to participate in some social aspects of ministry, and may appear at times withdrawn or reluctant to discuss issues until they have formulated their own opinion internally. Individuals with a strong preference for intuition may experience frustration with detailed procedures and protocols, preferring to navigate their own path through routine situations. Individuals with a strong preference for feeling may appear reluctant to welcome opportunities for accepting management responsibilities, preferring to devote their energies to people rather than to systems. Indi-

viduals with a strong preference for judging may experience difficulties in functioning to their best in situations in which their managers require too many last-minute changes (say, in shifts worked).

Fifth, there may be a natural tendency for clergy to feel most comfortable exercising ministry among people who reflect their own psychological type preference. In this sense, for example, many clergymen may find greatest empathy with those patients who prefer their preferences for introversion, intuition, feeling and judging. As a consequence they may experience special difficulty among men who display preferences for extraversion, sensing, thinking and perceiving, and they may sense that such patients feel ill at ease responding to their preferred style of ministry. It is issues of this nature, highlighted by the lens of psychological type theory, that may be addressed by programmes of continuing professional development for chaplains.

Sixth, the very low numbers of dominant thinkers among both the clergymen and the clergywomen serving in hospital chaplaincy may help to illuminate a difficulty within the chaplaincy service to recruit sufficient group leaders or managers from within the pool of those already trained and experienced within this specialized sphere of ministry. Long-term planning for the development and sustainability of chaplaincy may wish to address this problem in two ways: by recruiting more dominant thinkers into chaplaincy or by targeted training to enable those with other dominant functions to enhance the perspectives and the skills of their less preferred feeling functions.

The main limitation with the present study concerns the lack of statistical power generated by such a small sample. Further research among the (relatively small) population of Church of England full-time hospital chaplains would be enhanced by strategies designed to improve the response rate, including extending the availability of an online survey for a longer period of time, reducing the range of issues explored by the survey and hence its length, issuing regular reminders regarding the invitation to participate, and increasing the awareness of chaplains regarding the positive advantages of developing chaplaincy as a research-based profession.

In order to develop a fuller understanding of the potential of psychological type theory for developing the specialized ministry of hospital chaplaincy, the present study deserves extension in three directions. First, the present study on full-time chaplaincy has been restricted to just one denomination, the Church of England. Comparable research could be extended to full-time hospital chaplains associated with other denominations. Second, the present study on Church of England chaplains has been restricted to those serving in a full-time capacity. Com-

parable research could be extended to the greater number of clergy (from a variety of denominations) who serve as part-time hospital chaplains. Third, the present study on this specialized form of ministry has focused entirely on the Christian tradition. Comparable research could be extended to authorized leaders within other faith traditions currently serving in hospital chaplaincy.

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