

# Psychological Profiles of Individuals Seeking Ordination in the Episcopal or Presbyterian (PCUSA) Churches: Comparisons and Contrasts

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**Abstract** The present study examined the psychological profiles of 138 candidates for ordained ministry from the Episcopal ( $n=90$ ) and Presbyterian Church (USA) ( $n=48$ ). Employing scales scores from the MMPI-2, MCMI-III, and 16PF-5, we used a series of one-way ANOVAs to test for differences between genders, denominations, and (for Episcopalians) ordination type and completion versus non-completion of the ordination process. Our results suggest that, consistent with the literature, these future clergy were generally well-adjusted and socially skilled. Denominational differences in our sample were virtually non-existent. While similar on most dimensions, female candidates may appraise their circumstances and relationships with a greater emphasis on emotional considerations than their male counterparts. Differences between Episcopal candidates for the Priesthood and the Diaconate were consistent with differences in their respective leadership and support roles. Finally, discriminant function analysis indicated that candidates who completed their ordination appeared to have a more realistic and positive attitude toward the process as well as a more deferential and less independent orientation than those who did not.

**Keywords** Episcopal · Presbyterian · Clergy · Psychological testing

## Introduction

There is a developing body of empirical research examining the psychological tendencies of persons going into ordained ministry. Such studies are beneficial not only for those pursuing pastoral vocation, but also for the mental health specialists who evaluate them (Malony 2000). Understanding personality traits and making sure that applicants are psychologically healthy is crucial in maximizing the likelihood of effective ministerial service. Developing normative data specific to the denomination and role of future clergy will also foster accurate interpretation and application of assessment information. Our review of this literature focused

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primarily on relevant literature that utilized three well-established psychological instruments, namely, the *Minnesota Multiphasic Personality Inventory*, (MMPI), the *Millon Clinical Multiaxial Inventory*, (MCMI), and the *16 Personality Factor Questionnaire*, (16PF). The MMPI in particular has been useful in identifying personality characteristics in clergy (Ashbrook 1970; Cardwell 1967, 1996; Deconchy 1972; Marly 1971).

The literature pertaining to psychological testing of pastoral candidates to date is broadly affirming of their general emotional and relational health, regardless of denominational affiliation (Brenneis 2001; Patrick 1991; Piersma 1987; Plante and Apodaca 2011; Plante and Lackey 2007; Sullender 1993). While many findings have not replicated due in part to limited studies and a diversity of target groups, some trends appear to be more established. For example, assessment utilizing several versions of the MMPI has indicated prospective clergy, when compared to population norms, tend to be somewhat defensive and wish to be seen by others in a favorable manner (higher K), extroverted (higher Hy and Ma, lower Si), have a good self-image (higher Es), and may be uncomfortable with expressions of anger (higher O-H) (Cardwell 1982, 1996; Gamino et al. 2007; Nauss 1973; Patrick 1991; Plante and Apodaca 2011; Plante et al. 1996, 2005; Plante and Lackey 2007; Sullender 1993).

Fewer studies pertaining to pastoral candidates' emotional functioning are available for the 16PF and MCMI. The 16PF research does suggest that these individuals are intelligent (higher Reasoning), relationally warm (higher Warmth), and emotionally stable (higher Emotional Stability) compared to population norms (Musson 1998; Musson and Francis 2000; Musson et al. 2000). Studies that employed the MCMI have found clergy candidates to be more compulsive than population norms, while limited data suggest they may also be more defensive, histrionic, and narcissistic (Piersma 1987; Plante and Apodaca 2011). Investigations of gender differences have found that male ministry candidates tend to have higher MMPI Mf and MCMI Dependent scores as well as lower 16PF Tough-Mindedness and MCMI Histrionic, Narcissistic, and Compulsive scores than their female counterparts (Musson et al. 2000; Plante and Apodaca 2011).

Another area of this literature has examined personality profiles of accepted ministerial candidates or of seminarians who complete or drop out of their training. Many of the findings pertaining to successful candidates identified psychological characteristics similar to ministerial candidates in general as compared to the general population (Gamino et al. 2007; Plante et al. 1996, 2005; Plante and Lackey 2007). Studies comparing graduating Protestant and Roman Catholic seminarians with those not completing their degrees have generated mixed results as regards test scales that could differentiate the two groups (Ashbrook and Powell 1967; Munger 1975; Murray and Connolly 1966; Traschel 1973; Weisgerber 1966). Stone (1990) was able to correctly classify 68% of seminarian outcomes using scales from the MMPI and the Theological School Inventory. Finally, Plante and Apodaca (2011) reported that Aspirants to the Episcopal Priesthood scored lower in MMPI Pa3 (need for affection), 16PF Tension, and MCMI-III Histrionic and Compulsive as well as higher in MCMI-III Sadistic, Negativistic, and PTSD scales when compared with Aspirants to the Diaconate.

Our aim in the current study was first to identify personality profiles on the MMPI-2, MCMI-III, and 16PF-5 among those seeking ordination in the Episcopal and Presbyterian Church (USA) denominations. We also investigated for differences between these denominational groups, between men and women, and (among the Episcopal Aspirants) those seeking ordination into the Priesthood versus the vocational Diaconate. Finally, while most of the existing literature has only compared successful clergy candidates with population norms, we were able to investigate personality differences between Episcopal Aspirants who continued through to ordination and those who did not across three well-established personality instruments.

## Method

### Participants

The sample for this research consisted of 138 individuals referred to the first author for psychological evaluation as part of the process of seeking pastoral ordination through either the Episcopal Church ( $n=90$ ) or the PC(USA) ( $n=48$ ). The full sample consisted of 45 women (32.6%) and 93 men (67.4%). Never married individuals accounted for 21% ( $n=29$ ), 67.9% ( $n=93$ ) of participants were married, 8.8% ( $n=12$ ) divorced, 1.5% ( $n=2$ ) widowed, and .7% ( $n=1$ ) indicated he was separated. Among the Episcopal Aspirants, 53 (59.6%) were seeking ordination into the priesthood while 36 (40.3%) sought Holy Orders for the vocational Diaconate. Of these individuals, 76 had enough time lapse since their evaluation to determine whether or not they were continuing toward ordination, and of these 31 had followed through with a final psychological screening just prior to ordination whereas another 45 had not. The average age for the full sample of participants was 43.05 years ( $SD=14$ ).

Comparisons between participants by denominational affiliation indicated some significant differences. Presbyterian inquirers were much younger ( $M=30.3$  years,  $SD=7.9$ ) than Episcopal Aspirants ( $M=50$ ,  $SD=11.5$ ),  $t(127.5)=11.79$ ,  $p<.001$ ,  $d=1.99$ . The only other difference between the groups concerned marital status, where the Presbyterian sample included more single (20 versus 9) and fewer divorced (0 versus 12) participants than did the Episcopal sample,  $\chi^2=23.75$ ,  $p<.001$ . We also compared the Episcopal Aspirants to the priesthood with Aspirants to the diaconate. We again found a significant age difference, with prospective deacons being older ( $M=57.0$ ,  $SD=9.4$ ) than those seeking to become priests ( $M=45.3$ ,  $SD=10.6$ ),  $t(86)=5.32$ ,  $p<.001$ ,  $d=1.17$ . In addition, a proportionately greater number of men were seeking ordination into the priesthood, whereas slightly more women than men were pursuing ordination as a deacon,  $\chi^2=14.41$ ,  $p<.001$ .

### Materials

#### MMPI-2

The Minnesota Multiphasic Personality Inventory—Second Edition (MMPI-2; Butcher et al. 1989; Hathaway and McKinley 1989) is a 567-item self-report inventory that utilizes a true–false format and is designed to assess personality functioning and psychiatric symptoms. Data obtained through the MMPI-2 normative sample indicated that the inventory's clinical and subscales have good reliability and validity, with test–retest reliability and internal consistency correlation mostly between .70 and .90 (Butcher et al. 2001; Graham 2000; Parker et al. 1988). Research has also indicated that the MMPI-2 has good discriminate validity between several patient and diagnostic groups (Zalewski and Gottesman 1991). For the present study, we included all validity, clinical, and content scales as well as the supplementary scales A, R, and Es in our analyses.

#### MCMI-III

The Millon Clinical Multiaxial Inventory-III (MCMI-III) is a 175-item self-report questionnaire in a true–false format (Millon et al. 1997). This instrument is designed to assess both the problematic behaviors and clinical conditions of Axis I and the personality variables of Axis II. It also has four indexes to assess validity and response styles. Measures

of internal consistency are strong, with alpha coefficients greater than 0.80 for 20 of 26 scales. An important feature of the MCMI-III is its use of actuarial base rate data rather than normalized standard score transformations or percentile rates. We utilized all the MCMI-III validity, personality, and syndrome scales.

### *16PF-5*

The U. S. edition of the Sixteen Personality Factor Questionnaire—5th Edition (16PF-5). (Cattell et al. 2002) contains 185 items that assess the 16 primary personality factors believed by Cattell and others to identify a person's total personality. Items for each factor are scored on a bipolar scale, and the primary factors are then combined to form global secondary factors. Three additional scales measure aspects of response style. We utilized the validity and 15 non-cognitive scales of the 16PF-5 for the purposes of our comparisons.

In addition to the above instruments, participants completed a biographical questionnaire that included questions regarding age, marital status, and ethnicity.

### Procedure

Upon referral, participants were mailed the biographical questionnaire to bring with them at the time of their office appointment with the first author. During the office visit, participants were administered the 16PF-5, MCMI-III, and the MMPI-2, followed by a clinical interview. In addition, Episcopal Aspirants were required to return for a brief follow-up just prior to ordination, approximately 3 years following their initial evaluation. Data were collected from psychological evaluations occurring between January 1996 and July 2010.

Differences between comparison groups were assessed through a series of one-way ANOVAs using the scale scores as the dependent variables and group membership as the independent variable. The four sets of groups compared were Episcopal and Presbyterian candidates, pastoral candidates from both denominations, Episcopal Aspirants to the priesthood and diaconate, and Episcopal Aspirants who continued toward ordination and those who did not. Our sample sizes were generally sufficient to assess for medium effect sizes for .80 power when  $p < .05$  (Cohen 1992). In evaluating the raw data, we identified departures from normality for several of the scales. To address this we first eliminated on a case-wise basis extreme outlier scores for six participants (two Episcopal and four Presbyterian) who had a high number (4 or 5) of such scores. This resulted in slightly different sample sizes for some of the groups. Data transformations created normality conditions on most of the scales. However, unacceptable non-normality remained for MMPI-2 scale Fb and the 16PF-5 Infrequency scale, which rendered these variables unsuitable for ANOVA and we therefore dropped them from our analyses. Assumptions of homogeneity of variances, equality of means, and equality of the error terms were met for the remaining analyses.

We then assessed bivariate correlation of age with the scale variables using a  $p < .01$  significance to limit the potential for Type 1 error and found age to be related to MMPI-2 content scales Work,  $r(132) = -.22$ ,  $p < .01$ , and SOD,  $r(138) = .23$ ,  $p < .007$ , MCMI-III scale Compulsive,  $r(137) = .20$ ,  $p < .01$ , and 16PF factors Anxiety,  $r(137) = -.21$ ,  $p < .01$ , Reasoning,  $r(137) = -.22$ ,  $p < .01$ , and Liveliness,  $r(137) = -.31$ ,  $p < .001$ . We also conducted one-way ANOVAs on the scale variables to identify any significant differences by gender. As displayed in Table 1, gender differences were identified for MMPI-2 content scale FRS (Fears) and supplementary scale R (Repression), MCMI-III scales Disclosure, Histrionic, Narcissistic, Compulsive, and Paranoid, and 16PF-5 scales Impression Management (IM),

**Table 1** Means, standard deviations, and significant one-way analysis of variance for the effects of gender on MMPI-2, MCMI-III, and 16PF-5 scales

	Men		Women				
Variable	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>F</i> (1,136) <sup>a</sup>	<i>p</i>	$\eta^2$
MMPI-2 scales							
Repression	55.1	9.5	59.7	8.4	7.69	.006	.05
Fears	45.7	7.4	41.7	6.7	9.54	.002	.07
MCMI-II scales							
Disclosure	30.9	14.4	25.4	16.8	3.90	.05	.03
Histrionic	60.1	16.1	77.7	14.9	37.89	<.001	.22
Narcissistic	60.8	12.3	71.8	11.4	25.73	<.001	.16
Compulsive	60.2	11.5	75.7	15.6	43.08	<.001	.24
Paranoid	8.1	11.9	13.2	14.4	4.75	.031	.03
16PF-5 factors							
Impression management	12.4	4.8	14.4	5.4	4.91	.028	.04
Tough-mindedness	5.2	1.8	4.5	1.2	5.4	.022	.04
Sensitivity	5.3	1.6	6.6	1.3	21.6	<.001	.14

<sup>a</sup> df for R and Impression Management were 1, 135

Tough-Mindedness, and Sensitivity. Where group comparisons with one-way ANOVAs identified significant differences with variables related to age or gender in the full sample, we then conducted one-way ANCOVAs (for age) or two-way ANOVAs (for gender) to determine if accounting for the covariates would attenuate our results. Finally, we conducted a two-group discriminant function analysis to determine if some combination of the variables differentiating candidates who completed the ordination process from those who did not would have predictive utility. All analyses were conducted using PASW 18.0 for Windows.

## Results

### Denominational comparison

The means and standard deviations for the full set of scale scores are provided in Tables 2, 3, and 4. The results of ANOVA comparisons between Episcopal and Presbyterian (PCUSA) candidates revealed significant differences for MMPI-2 scales R, WRK (Work Interference), and SOD (Social Discomfort), MCMI-III scales Narcissistic and Bipolar-Manic, and 16PF-5 factors Liveliness and Vigilance. However, when controlling for age or gender differences, the denominational differences on WRK, Narcissistic and Liveliness were attenuated to non-significance. Although the bivariate correlation between age and the Bipolar-Manic scale was not significant,  $r(137)=-.13$ ,  $p<.12$ , we thought it prudent to control for age in the denominational difference on this variable, given the intuitive connection between age and energy level and the confounding of the Liveliness variable by age. This suspicion proved justified, as the denominational differences on Bipolar-Manic disappeared when we statistically took age into account. The specific details of the remaining significant differences are presented in Table 5.

**Table 2** Means with Confidence Intervals (CIs) and standard deviations of 16PF Sten scores for full sample of ordination candidates ( $N=138$ )

Factor	Low description	High description	$M(SD)$	95% $CI$
A	Reserved	Warm	6.4(1.6)	[6.2, 6.7]
B	Concrete	Abstract	7.0(1.7)	[6.7, 7.3]
C	Reactive	Emotionally stable	6.8(1.6)	[6.6, 7.1]
E	Deferential	Dominant	5.0(1.7)	[4.8, 5.3]
F	Serious	Lively	4.8(1.6)	[4.5, 5.0]
G	Expedient	Rule-conscious	6.5(1.4)	[6.2, 6.7]
H	Shy	Socially bold	6.4(1.7)	[6.1, 6.7]
I	Utilitarian	Sensitive	5.7(1.6)	[5.5, 6.0]
L	Trusting	Vigilant	4.1(1.4)	[3.9, 4.3]
M	Grounded	Abstracted	5.1(1.9)	[4.7, 5.4]
N	Forthright	Private	4.6(1.8)	[4.3, 4.9]
O	Self-assured	Apprehensive	4.8(1.9)	[4.5, 5.1]
Q1	Traditional	Open to change	6.4(1.7)	[6.1, 6.7]
Q2	Group-oriented	Self-reliant	5.3(1.7)	[5.0, 5.6]
Q3	Tolerates disorder	Perfectionistic	4.9(1.7)	[4.7, 5.2]
Q4	Relaxed	Tense	4.3 (1.7)	[4.3, 4.9]

### Episcopal Aspirants to the Priesthood and Presbyterian Aspirants to the Pastorate

To provide potentially more equivalent comparisons between the denominations, we then compared Aspirants to the Episcopal Priesthood with Inquirers to the Pastorate of the PC(USA). Our analyses indicated significant differences for the MMPI-2 content scale AAS, MCMI-III scales Histrionic and Bipolar-Manic, and the 16PF-5 factor Liveliness. Once again, when we controlled for age and gender influences, the differences became non-significant for Histrionic, Bipolar-Manic, and Liveliness, leaving AAS as the sole scale that differentiated the Episcopal ( $M=45.81$ ,  $SD=6.72$ ) and PC(USA) ( $M=42.73$ ,  $SD=.47$ ) clergy candidates,  $F(1,98)=5.43$ ,  $p<.022$ ,  $\eta^2=.05$ .

### Comparison of Episcopal Aspirants to the Priesthood and Diaconate

We found that Episcopal Aspirants to the Priesthood were different from Aspirants to the Diaconate on the Compulsive scale of the MCMI-III and the 16PF-5 factors Extraversion, Self-Control, Reasoning, Dominance, Social Boldness, Independence, and Privateness. Controlling for gender eliminated significant differences on the Compulsive scale, thus leaving only the 16PF-5 factors as differentiating between the groups. A summary of the ANOVA analyses for these factors appears in Table 6.

### Comparison of Episcopal Aspirants who completed the ordination process with those who did not

When we compared those Episcopal Aspirants who completed their ordination process with those who apparently did not pursue ordination, several variables appeared to

**Table 3** Means with Confidence Intervals (CIs) and standard deviations of MMPI-2 scales for full sample of ordination candidates ( $N=138$ )

Scale measure	$M(SD)$	95%CI
Validity scales		
L (Lie)	55.7(11.8)	[53.7, 57.7]
F (Infrequency)	44.4(6.0)	[43.4, 45.4]
K (Correction)	61.6(7.8)	[60.3, 62.9]
VRIN (Variable response inconsistency)	44.4(10.0)	[42.7, 46.1]
TRIN (True response inconsistency)	55.2(5.3)	[54.3, 56.1]
Fb (Back infrequency)	44.8(4.0)	[44.1, 45.5]
S (Superlative)	60.4(9.4)	[58.8, 62.0]
Clinical scales		
Hs (Hypochondriasis)	54.7(7.8)	[53.4, 56.0]
D (Depression)	47.7(8.0)	[46.4, 49.0]
Hy (Hypochondriasis) <sup>a</sup>	56.6(8.1)	[55.2, 58.0]
Pd (Psychopathic deviate)	54.0(8.0)	[52.7, 55.3]
Mf (Masculinity–Femininity)	51.6(8.8)	[50.1, 53.1]
Pa (Paranoia)	50.6(8.0)	[49.3, 51.9]
Pt (Psychasthenia)	52.0(8.2)	[50.6, 53.4]
Sc (Schizophrenia)	51.4(7.1)	[50.2, 52.6]
Ma (Mania)	48.5(7.7)	[47.2, 49.8]
Si (Social introversion)	44.9(7.5)	[43.7, 46.2]
Supplementary scales		
A (Anxiety) <sup>b</sup>	42.2(6.6)	[41.1, 43.3]
R (Repression) <sup>a</sup>	56.6(9.4)	[55.0, 58.2]
Es (Ego strength) <sup>a</sup>	55.5(7.7)	[54.2, 56.8]
MAC (MacAndrew alcoholism scale)	45.4(7.3)	[44.2, 46.6]
APS (Addiction potential scale) <sup>a</sup>	46.9(9.5)	[45.3, 48.5]
AAS (Addiction acknowledgement scale) <sup>a</sup>	44.6(6.5)	[43.5, 45.7]
PK (Posttraumatic stress disorder) <sup>a</sup>	43.1(6.0)	[42.1, 44.1]
MDS (Marital distress scale) <sup>c</sup>	43.2(5.7)	[42.3, 44.2]
Content scales		
ANX (Anxiety)	45.4(8.0)	[44.1, 46.7]
FRS (Fears) <sup>a</sup>	44.4(7.4)	[43.2, 45.6]
PBS (Obsessiveness)	42.2(7.9)	[40.9, 43.5]
DEP (Depression)	43.2(7.5)	[42.0, 44.5]
HEA (Health)	47.7(8.4)	[46.3, 49.1]
BIZ (Bizarre mentation)	48.2(7.5)	[47.0, 49.5]
ANG (Anger)	41.9(6.2)	[40.9, 42.9]
CYN (Cynicism)	42.2(5.9)	[41.2, 43.2]
ASP (Antisocial practices)	41.1(6.5)	[40.0, 42.2]
TPA (Type A behavior)	42.8(6.4)	[41.7, 43.9]
LSE (Low self-esteem)	44.7(7.8)	[43.4, 46.0]
SOD (Social discomfort)	46.2(8.0)	[44.9, 47.5]
FAM (Family problems)	43.7(7.4)	[42.5, 44.9]
WRK (Work interference)	43.1(7.7)	[41.8, 44.4]
TRT (Negative treatment indicators)	42.1(7.0)	[40.9, 43.3]

<sup>a</sup>  $n=137$ <sup>b</sup>  $n=136$ <sup>c</sup>  $n=93$

**Table 4** Means with Confidence Intervals (CIs) and standard deviations of MCMI-III scales for full sample of ordination candidates ( $N=138$ )

Scale Measure	<i>M(SD)</i>	95% <i>CI</i>
Modifying indices		
X (Disclosure)	29.1(15.4)	[26.5, 31.7]
Y (Desirability)	73.5 (12.0)	[71.5, 75.5]
Z (Debasement)	18.7(21.0)	[15.2, 22.2]
Clinical personality patterns		
1 (Schizoid)	29.8(22.5)	[26.1, 33.6]
2A (Avoidant)	21.8(18.4)	[18.7, 24.9]
2B (Depressive)	24.6(23.9)	[20.6, 28.6]
3 (Dependent)	33.7(22.3)	[30.0, 37.4]
4 (Histrionic)	65.8(17.7)	[62.9, 68.8]
5 (Narcissistic)	64.4(13.1)	[62.2, 66.6]
6A (Antisocial)	26.2(18.2)	[23.2, 29.2]
6B (Sadistic)	25.0(18.7)	[21.9, 28.1]
7 (Compulsive)	65.3(14.8)	[62.8, 67.8]
8A (Negativistic) <sup>b</sup>	15.2(12.8)	[13.1, 17.4]
8B (Masochistic)	17.6(22.0)	[13.9, 21.3]
Severe personality pathology		
S (Schizotypal)	17.0(21.5)	[13.4, 20.6]
C (Borderline) <sup>b</sup>	11.5(13.6)	[9.2, 13.8]
P (Paranoid) <sup>c</sup>	9.8(13.0)	[7.6, 12.0]
Clinical syndromes		
A (Anxiety)	19.1(23.9)	[15.1, 23.1]
H (Somatoform) <sup>a</sup>	14.9(21.7)	[11.3, 18.5]
N (Bipolar: Manic)	28.8(22.7)	[25.0, 32.6]
D (Dysthymia) <sup>d</sup>	8.8(13.1)	[6.6, 11.0]
B (Alcohol dependence)	23.7(23.0)	[19.9, 27.5]
T (Drug dependence)	24.4(21.2)	[20.9, 27.9]
R (Post-traumatic stress) <sup>c</sup>	10.3(13.3)	[7.8, 12.8]
Severe clinical syndromes		
SS (Thought disorder) <sup>c</sup>	12.0(14.8)	[9.5, 14.5]
CC (Major depression) <sup>b</sup>	9.3(13.7)	[7.0, 11.6]
PP (Delusional disorder) <sup>a</sup>	9.6(13.0)	[7.4, 11.8]

<sup>a</sup>  $n=137$ <sup>b</sup>  $n=136$ <sup>c</sup>  $n=135$ <sup>d</sup>  $n=134$ 

distinguish these groups. These variables consisted of the MMPI-2 clinical scale Sc (Schizophrenia) and content scale BIZ (Bizarre Mentation), the MCMI-III Masochistic, PTSD, and Major Depression scales, and the 16PF-5 factors of Independence and Dominance. The ANOVA results are displayed in Table 7.



We then conducted a two-group discriminant analysis utilizing these variables to determine the extent to which they could predict outcomes of the ordination process. However, due to high correlation between the second order factor of Independence and the first order factor of Dominance, we did not include the former variable in the analysis due to concerns about multicollinearity. Box's *M* statistic was not significant, indicating that the covariance matrices were equal. A stepwise estimation procedure was employed. The overall Wilk's lambda was significant,  $\Lambda=.70$ ,  $\chi^2(3, 72)=25.26$ ,  $p<.001$ , indicating that the predictors differentiated between those who completed and did not complete ordination process. Table 8 displays the within-groups correlations between the retained predictors and the discriminant function as well as the standardized weights. Based on these findings, the discriminant function appears to be almost equally related to the Dominance factor of the 16PF-5, the MMPI-2 Sc scale, and MCMI-III Major Depression score. The means of the discriminant function indicated that candidates for ordination who did not complete the process had lower means ( $M=-.54$ ) than candidates who did attain ordination ( $M=.78$ ).

When we attempted to predict which candidates would or would not complete the ordination process, we were able to classify correctly 80.3% of the participants in our sample. In order to account for chance agreement, we derived a kappa coefficient and obtained a value of .52, a moderate value (Viera and Garrett 2005). Similarly, we computed the proportional chance criterion as a second check on chance agreement, obtaining a statistic of 43%. This figure is sufficiently low to conclude that the predictive ability of our discriminant function is better than chance even though there is likely to be some upward bias in predictive accuracy given that we had to compute the criterion on the same sample. Finally, in order to determine how well the classification procedure would predict in a new sample, we estimated the percent of candidates accurately classified by employing the leave-one-out technique and correctly classified 75% of the cases.

## Discussion

The mean scale scores for the MMPI-2, MCMI-III, and 16PF-5 for our full sample suggest that these candidates for ordination were in general a psychologically well-adjusted group. This is in keeping with the literature examining both seminarians (Brenneis 2001; Piersma 1987) and clergy candidates (Plante et al. 2005; Sullender 1993). Only the K scale of the MMPI-2 was moderately elevated, which would be expected for an educated and higher socioeconomic status group. Consistent with Plante and Apodaca's (2011) recent study, we found three slightly elevated scales from the MCMI-III did suggest the presence of histrionic, narcissistic, and compulsive personality features. These elevations have to be interpreted with caution due to the MCMI-III having been normed on a clinical sample and therefore subject to overestimation of psychopathology with non-clinical samples. In addition, the very low response style means for Disclosure and Debasement raise potential validity concerns. However, even assuming the validity of the MCMI-III mean scores, these elevations need not imply maladaptive adjustment and but may instead reflect that these candidates are highly people oriented, have a fairly positive view of themselves, can both lead and delegate to others, and are able to conform to the structures of a religious institution (Millon et al. 1997). The highest 16PF-5 factors for our sample (Extraversion, Warmth, Reasoning, Emotional Stability, and Rule Consciousness) would seem to confirm these impressions.

**Table 5** Means, standard deviations, and significant one-way analyses of variance for the effects of candidate's denomination on MMPI-2, MCMI-III, and 16PF-5 scales

	Episcopal		Presbyterian				
Variable	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>F</i> (1,136) <sup>a</sup>	<i>p</i>	$\eta^2$
MMPI-2 scales							
Repression	57.9	8.6	54.3	10.5	4.60	.034	.03
Social discomfort	47.2	8.4	44.4	6.8	4.07	.046	.03
16PF-5 factor							
Vigilance	3.9	1.4	4.4	1.3	4.95	.028	.04

<sup>a</sup> df for R was 1, 135.

### Comparison by gender

Our initial screening of the data to identify potential gender differences in the subsequent ANOVAs found that, for the MMPI-2, results were in keeping with Patrick's (1991) similar inability to find differences on the MMPI validity and clinical scales. Nor did we find many differences on the supplementary and content scales we analyzed, in contrast to Sullender (1993). Female candidates displayed a higher degree of R (a finding inverse to what Sullender reported) and a lower level of FRS than the male candidates, although neither of these differences appeared to carry clinical significance and may instead suggest social ease and confidence as well as emotional stability.

More differences came to light in examining the MCMI-III findings, where the female candidates' mean score was near or at the level ( $BR > 75$ ) that suggests the presence of Histrionic, Narcissitic, and Compulsive traits. These traits might be adaptive inasmuch as they may reflect expressive, socially oriented, and conscientious personality tendencies. The low Paranoid scores for both men and women probably indicate a trusting, socially engaged orientation in spite of the group difference. These MCMI-III findings must be treated with caution, however, for the same reasons noted previously.

The 16PF-5 factors of Tough-Mindedness and Sensitivity and the response style indicator of Impression Management (IM) did show gender differences. The IM gender difference was nonetheless positioned well within normal limits for both groups. IM's positive correlation with

**Table 6** Means, standard deviations, and significant one-way analyses of variance for the effects of Episcopal ordination type on 16PF-5 scales

Variable	Priest		Deacon		$F(1, 87)$	$p$	$\eta^2$
	$M$	$SD$	$M$	$SD$			
Extraversion	6.3	1.5	5.4	1.8	5.80	.018	.06
Self-Control	5.8	1.1	6.5	1.4	6.55	.012	.07
Reasoning	7.2	1.7	6.3	1.6	6.62	.012	.07
Dominance	5.6	1.7	4.3	1.6	12.50	.001	.13
Social Boldness	6.6	1.7	5.7	1.9	5.08	.027	.05
Independence	5.9	1.6	4.6	1.6	12.14	.001	.12
Privateness	4.4	1.7	5.2	1.9	4.23	.043	.05

**Table 7** Means, standard deviations, and significant one-way analyses of variance for the effects of Episcopal ordination process completion vs. non-completion on MMPI-2, MCMI-III, and 16PF-5 scales

	Completers		Non-completers				
Variable	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>F</i> (1,74) <sup>a</sup>	<i>p</i>	$\eta^2$
MMPI-2 scales							
Schizophrenia (Sc)	53.6	5.2	48.7	6.4	12.10	.001	.14
Bizarre mentation	49.7	7.2	46.3	6.8	4.16	.045	.05
MCMI-III scale							
Masochistic	24.1	24.1	13.7	20.7	4.04	.014	.08
Post-traumatic stress	12.6	13.3	8.7	14.5	6.20	.015	.08
Major depression	11.3	13.8	6.1	11.5	10.84	.002	.13
16PF factors							
Independence	4.7	1.6	6.0	1.6	12.33	.001	.14
Dominance	4.4	1.6	5.7	1.1	10.77	.002	.13

<sup>a</sup> df for Post-Traumatic Stress was 1, 72

Emotional Stability and negative association with Tension (Russell and Karol 2002) may further suggest this finding provides more support to the general picture of candidates' stability and social ease than it does to illuminating any clinically meaningful differences. The male candidates greater Tough-Mindedness may suggest a slightly greater tendency to stick to their own viewpoints, but both group means were in the average range and probably reflect a general ability among candidates to balance the maintenance of established routines with openness to making changes. Gender differences in sensitivity are well established (Russell & Karol) and in the case of the present sample may indicate a greater tendency among the women candidates to rely somewhat more on aesthetic and emotional considerations in their approach to their circumstances and relationships. The male candidates may approach their lives with a greater balance between sentimental and utilitarian considerations (e.g., less endorsement of such 16PF items as, "I'd rather stop in the street to watch an artist painting than a building being constructed"). Since Sensitivity is the strongest contributor to the second order factor of Tough-Mindedness, these gender differences may well reflect a singular dimension.

**Table 8** Standard coefficients and correlations of predictor variable and the discriminant function for ordination completion

Predictors	Correlation with discriminant function	Standardized discriminant function coefficients
Schizophrenia (Sc)	.61	.61
Dominance	-.61	-.51
Major depression	.59	.55
Masochistic	.34	–
Post-traumatic stress	.17	–
Bizarre mentation	.15	–

### Comparing Episcopal and Presbyterian candidates

The only differences we detected for this comparison involved the MMPI-2 content scales R and SOD and the 16PF-5 factor Vigilance. These differences appear to reflect differences in personality characteristics within the normal range of expression. The Episcopal Aspirants had slightly elevated R and higher scores than the Presbyterian Inquirers. This may reflect a somewhat stronger introverted and cautious dimension to the Aspirants. The SOD difference is statistically significant but does not appear to be clinically meaningful in that both means are well within the normal range and suggest social comfort. Differences in Vigilance indicate that the Episcopal candidates were over a standard deviation below the mean, suggesting that as a group these individuals are likely to be quite loyal and anticipate good intentions on the part of others, even more so than the Presbyterian participants.

### Comparing Episcopal and Presbyterian pastoral candidates

We found that only the MMPI-2 Addiction Acknowledgment Scale (AAS) differentiated between the Episcopal and Presbyterian candidates to the pastorate. The interpretive significance of this difference seems unlikely to be meaningful, with both groups scoring in the low normal range. The meaning of low scores on the AAS is less clear than with higher scores, and could reflect a lack of substance abuse problems or a denial of such concerns (Graham 2000). Overall, then, these candidates from different denominational traditions demonstrated quite similar personality characteristics.

### Comparing Episcopal priesthood and deaconate candidates

Significant differences between Priesthood and Deaconate Aspirants were found for seven 16PF-5 factors but not for any of the MMPI-2 or MCMI-III scales. Individuals seeking the Priesthood as compared to those pursuing the Deaconate were more extroverted, forthright, dominant, socially bold, and independent. Aspirants to the Priesthood also showed greater use of abstract reasoning and were less self-controlled than participants seeking to become Deacons.

The role of deacons within the Episcopal Church typically involves assisting their priests in worship, pastoral care, and community outreach. Consistent with the leadership role of priests and the support role of deacons, our findings suggest the differences in these candidate's personalities were well suited to their different vocational callings. As future leaders, Aspirants to the Priesthood likely benefit from being more socially outgoing, feeling comfortable with taking charge, and being able to effectively oversee parish life. By contrast, future deacons will take on supportive ministerial functions that require they defer to priests in worship and other social settings. Higher levels of gregariousness and asserting influence are not as vital to the role of deacon as they presumably are for carrying out priestly functions.

The difference on the Reasoning factor probably is largely accounted for by differences in education, in that all priestly Aspirants were pursuing a seminary degree, which was rarely the case among those pursuing the Deaconate. It also should be noted that both groups of Aspirants, while significantly different on these factors, had scores that were generally in the average range. Neither group appeared deficient in these areas, such as would be indicated, for example, by low Reasoning scores suggestive of impairment in logical problem-solving ability. However, candidates for the Priesthood tended to display these traits more emphatically than their Deaconate counterparts.

## Comparing Episcopal aspirants who completed and did not complete the ordination process

The results of our ANOVAs and subsequent discriminant function analysis of significant scales indicated that three scales were particularly effective in differentiating which Aspirants completed the follow-up evaluation and attained ordination. Those who completed their ordination process tended to be somewhat less dominant, report relatively greater “thought disturbance,” and have more symptoms associated with depression. The inclusion of the MMPI-2 Sc and MCMI-III Major Depression scales is unlikely to reflect psychopathology since the mean scores are far below the cutoff levels for clinical concern. Rather, they may signal a more realistic and hopeful orientation to the ordination process, combined with a more deferential and less independent approach to the prolonged process of pursuing ordination. Aspirants who attained ordination thus appeared to know clearly what they were getting into and had the temperament that made it possible for them to adhere to the dictates of an ecclesiastical authority for an extended period of time.

These findings appear to diverge from previous research that found successful candidates tended to be higher in dominance (Gamino et al. 2007; Plante et al. 2005; Plante and Lackey 2007) and lower in Sc (Murray and Connolly 1966; Stone 1990; Traschel 1973). At least two factors may be at work in these apparent discrepancies. First, most studies of successful ministerial applicants have compared their mean scores with population norms rather than with means from the non-accepted group. This may have obscured an understanding of how the dimension of dominance operates within the entire pool of candidates. Second, lower Sc has been reported primarily in studies of Roman Catholic seminarians. The present research examined Protestant candidates, many of whom had completed seminary or (in the case of Deaconate Aspirants) were not required to complete a full seminary degree. Factors unique to Roman Catholicism and Catholic seminary, such as the requirement of celibacy or a greater emphasis on the hierarchical organization of ecclesiastical relationships, could advantage Catholic Aspirants with a sober (realistic) appraisal of their commitment in a manner not found for prospective Protestant clergy. Future research that investigates such considerations is likely to clarify this literature.

Some limitations of the present study must be conceded. First, our sample was restricted to ministerial candidates referred to the first author from two mainline denominations in the central valley of California, which is a more conservative region than the rest of the state. Thus, generalization of our findings to clergy candidates from other parts of the country or other denominations with different assessment protocols may not be appropriate. For example, the Episcopal Aspirants had already passed an extensive discernment process before being referred. This might have resulted in a more psychologically adjusted sample than would occur in dioceses that do not conduct extensive screening of candidates prior to psychological assessment. Second, the number of analyses we undertook raises the possibility of capitalization on chance and Type I error, although most of our reported findings achieved significance levels near or less than  $p < .01$ . Nonetheless, replication of our findings would enable greater confidence in their stability. Third, all of our measures were self-report and may therefore have not uncovered other behavioral characteristics that could be important in discerning differences and predicting completion of the ordination process. Finally, our sample size, while reasonable for our analyses, was not large enough to allow us to use MANCOVA procedures given the large number of independent variables we examined. The use of more sophisticated multivariate analyses could potentially have provided greater clarity and precision to our results than we were able to obtain through multiple one-way ANOVAs.

## Conclusion

Overall, our findings observed across three major personality instruments indicated that candidates for ordained ministry displayed general emotional and relational health. Primary characteristics of participants involved a stable and positive self-concept, a socially warm and outgoing disposition, and the ability and willingness to follow rules and expectations, including those of an ecclesiastical authority. While similar on most dimensions, female candidates may appraise their circumstances and relationships with a greater emphasis on emotional considerations than their male counterparts. Similarly, differences between the denominations were minimal, and at most suggested a higher degree of loyalty and trust among Episcopal candidates as compared to the Presbyterian candidates. In fact, when we limited the analyses to candidates for the pastorate, we were not able to identify any meaningful differences between the denominations.

We did identify several significant differences on the 16PF-5 between Episcopal candidates for the Priesthood and the Diaconate, which were quite consistent with differences in the leadership and support roles of priests and deacons, respectively. Finally, we were able to correctly classify 80% of Episcopal candidates who completed or did not complete their ordination process on the basis of three scales, one from each of the instruments (Sc, Major Depression, and Dominance). Compared to candidates who did not finish the ordination process, candidates who completed their ordination appeared to have a more realistic and positive attitude toward the process combined with a more deferential and less independent orientation.

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