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Psychological Wellbeing and Sources of Support for Church of England Clergy and Laity During the Third National Covid-19 Lockdown

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ABSTRACT

Psychological wellbeing was assessed by affect balance (a function of negative and positive affect) during the third UK Covid-19 lockdown in 2021 among 1,847 clergy and laity in the Church of England. Wellbeing was lower among people with a general tendency toward neuroticism, among those with an Epimethean (SJ) psychological temperament, and among clergy, but higher among older people and Evangelicals. Differences in these findings from the first UK lockdown are discussed. Negative and positive affect were correlated with slightly different sets of predictor variables, in line with balanced affect theory. The mitigating effects of relevant support were evident for both clergy and lay people. Changes in the key sources of support from the first lockdown were evident, with church-based support for clergy appearing to be more effective in promoting wellbeing in the third lockdown.

Keywords: balanced affect; clergy; Covid-19; lay people; lockdown; religion

Introduction

The Covid-19 pandemic mobilised the research establishment to address the social and psychological impacts of long-term lockdowns on society (O'Connor et al., 2020), including their relationship to religion (Dein et al., 2020). It is widely understood that there are

associations between religion and health (Koenig et al., 2012), and some have suggested specific ways in which religion might foster better health during the Covid-19 pandemic (Koenig, 2020). Religious affiliation (Chang et al., 2021; Schnabel & Schieman, 2021) or religious coping (Coppola et al., 2021; Counted et al., 2020; Pirutinsky et al., 2020; Thomas & Barbato, 2020) may have helped some groups to weather the pandemic more successfully, at least initially.

In England, there is evidence to suggest some religious professionals suffered during the first lockdown in England. The *Living Ministry* project in the Church of England has run panel surveys of clergy ordained since 2006 (Church of England, 2021). The surveys have included the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) as a measure of mental wellbeing (Tennant et al., 2007). The results from the Panel 3 survey ran in 2021 were compared with the Panel 2 survey ran in 2019 for 340 clergy who completed both surveys. Of these, 42% reported their mental wellbeing to be worse, and average WEMWBS scores declined from 50.0 to 47.5 (McFerran & Graveling, 2021).

During the first UK lockdown the *Coronavirus, Church & You* survey collected data on psychological wellbeing from both clergy and lay people in the Church of England and other denominations across the UK (Francis & Village, 2021a; Village & Francis, 2021b, 2021c). An initial analysis of Church of England clergy was based on five aspects of wellbeing among 1,496 clergy: fatigue, disengagement, positivity, closeness to people, and closeness to God. These clergy perceived large increases not only in fatigue and disengagement, but also in positivity. For example, although lockdown meant clergy felt less close to people, they felt closer to God (Village & Francis, 2021c). A further analysis used the balanced affect model of psychological wellbeing to assess perceived changes in wellbeing during the first lockdown among lay people as well as clergy (Francis & Village, 2021a; Village & Francis, 2021b). A measure of change in psychological wellbeing, The

Index of Balanced Affect Change (TIBACh), was shown to be related to a range of personal, contextual, psychological, and church-related factors. Wellbeing deteriorated more among younger than older people, more among clergy than laity, more among Anglo-Catholics than Evangelicals, more among those in inner cities than those in rural areas, and more among those who had children under 13 living at home. Wellbeing also deteriorated more among people with a general tendency toward neuroticism and among those with certain psychological-type profiles. The study also examined the effects of support on ameliorating declines in wellbeing for both lay people and clergy. Both groups benefited when support was available, though sometimes it was sources of support on which few people drew that were most effective in improving wellbeing.

The present paper reports on a second survey that was run during the 2021 lockdown in England. It uses the same model of balanced affect to examine what factors best predicted changes in wellbeing during the pandemic and expands the analysis by examining separately the predictors of positive and negative affect. The aims are: first, to see if the same factors that were associated with changes in wellbeing during the first lockdown were also important in the third lockdown; second, to see if these factors operated differently on positive and negative affect; and third, to see if the same sources of support continued to be important as the pandemic dragged on into a second year.

Psychological predispositions and wellbeing in lockdown

A number of studies in the UK have shown that that people most likely to suffer generally from depression or anxiety were also most likely to report declines in wellbeing during lockdown (O'Connor et al., 2021; ONS, 2020). It seems reasonable to suggest that the dispositions associated with neuroticism, such as anxiety, mood swings, feelings of guilt, and a tendency towards depression, might predict declines in wellbeing during lockdown. More interesting, perhaps, is the question as to whether components of non-pathological

psychological functioning might also predispose people to cope better or worse with the effects of pandemic lockdown.

Carl Jung's model of psychological type (Jung, 1971) was developed into four components, each with two modes of expression: orientation (extraversion, E, and introversion, I), perceiving process (sensing, S, and intuition, N), judging process (thinking, T, and feeling, F), and attitude toward the outer world (judging, J, and perceiving, P). The type model has been operationalised by a range of instruments such as the Myers-Briggs Type Indicator (MBTI®; Myers et al., 1998), the Keirsey Temperament Sorter (KTS; Keirsey, 1998; Keirsey & Bates, 1978), and the Francis Psychological Type Scales (FPTS; Francis, 2005; Francis et al., 2017; Village, 2021). The latter were developed specifically as a research tool, scoring preferences in each component on a scale of 1 to 10. Studies have shown that psychological type scores tend to correlate with those for conceptually similar traits in other models such as Eysenck's three dimensions (orientation with extraversion-introversion) (Francis & Jones, 2000; Furnham et al., 2001; Steele & Kelly, 1976; Village & Francis, 2022d) and the Big Five (orientation with extraversion-introversion, perceiving with openness to experience, judging with agreeableness, and attitude toward the outer world with conscientiousness) (Furnham, 1996; McCrae & Costa, 1989). The FPTS have recently been expanded to include a measure of emotional temperament, which is equivalent to some other measures of neuroticism (Village & Francis, 2022a, 2022c) and this made it suitable for use in the present study.

The development of psychological type into temperament theory (Keirsey, 1998; Keirsey & Bates, 1978) focused on different expressions of the perceiving processes, sensing (S) and intuition (N), which lead to four different temperaments that tend to display different personality characteristics (Keirsey, 2021).

The Dionysian (SP) or ‘artisan’ temperament refers to those who prefer sensing over intuition and project their sensing function into the outer world. They tend to be fun-loving, optimistic, realistic, and focused, priding themselves on being unconventional, bold, and spontaneous.

The Epimethean (SJ) or ‘guardian’ temperament refers to those who prefer sensing over intuition and project their sensing function into the inner world. They tend to be dutiful, cautious, humble, and focused on credentials and traditions, priding themselves on being dependable, helpful, and hard-working. Epimetheans have been shown to be the predominant temperament among churchgoers (Francis, Edwards, et al., 2021; Francis, Robbins, et al., 2011), para-church organisations (Muskett & Village, 2015), and clergy serving in ordained local ministry (Francis & Village, 2012).

The Apollonian (NF) or ‘idealist’ temperament refers to those who prefer intuition over sensing and employ their intuitive function alongside a preference for feeling. They tend to be giving, trusting, and spiritual, priding themselves on being on being loving, kind-hearted, and authentic.

The Promethean (NT) or ‘rational’ temperament refers to those who prefer intuition over sensing and employ their intuitive function alongside a preference for thinking. They tend to be pragmatic, sceptical, self-contained, and focused on problem-solving, priding themselves on being ingenious, independent, and strong willed.

Temperament theory may be a useful way of interpreting variation in wellbeing during the pandemic, though it does not deal with other aspects of personality such as orientation (extraversion versus introversion) and emotional volatility, which are needed to give a fuller picture of individual differences.

Characteristics associated with various aspects of the psychological-type and temperament models might predispose some individuals to better or worse coping during a

pandemic lockdown. The initial assumption was that introverts might fare better than extraverts in a situation where social discourse was inhibited: extraverts may be de-energised by enforced solitude, whereas introverts might enjoy it (Denham, 2020; Kluth, 2020; Schultz, 2020). This assumption seems to have been refuted by evidence emerging from early lockdowns (Travers, 2020; Village & Francis, 2021b; Wei, 2020), but it may have been a factor if lockdowns persisted for longer.

Temperaments may also react differently in times of disruption. People with an SJ temperament tend to be dutiful guardians of institutions and familiar social structures (Keirsey, 2021) and may have found it harder to cope with the disruptions caused by lockdowns. It was Epimetheans who showed more declines in wellbeing than other temperaments in the first lockdown (Village & Francis, 2021b). Those with NF and NT temperaments may have seen the disruption as a journey to be engaged with (NF) or a problem to be solved (NT), and therefore coped with it better.

Support and wellbeing in lockdown

Advice to seek support from others was given from government (Public Health England, 2020), mental health agencies (Mind, 2020), and the Church of England (Church of England, 2020a, 2020b). Social support has been shown to offset the effects of burnout in caring professions (Ruisoto et al., 2021), including during the Covid-19 pandemic (Hou et al., 2020), and has also been shown to be generally beneficial for clergy wellbeing in the Church of England (Francis et al., 2018). Clergy and laity who felt well supported in the first lockdown tended so show more positive changes in wellbeing, but the sources of support varied in how many people used them (Village & Francis, 2021b). It was not necessarily those sources used most often that were most effective. One aim of this study is to examine personal and church-based sources of support to see which were most often used and which were most effective in the third lockdown.

Affect balance as a measure of psychological wellbeing

The balanced affect model of psychological wellbeing (Bradburn, 1969) conceptualises positive and negative affect as two separate continua, and wellbeing as the function of these two entities. Individuals with high levels of negative affect might still experience generally good wellbeing if they also have high levels of positive affect. A number of studies of religious ministers have used a balanced-affect instrument, the Francis Burnout Inventory (FBI), which has two scales measuring emotional exhaustion in ministry and satisfaction in ministry (Francis, Kaldor, et al., 2005; Francis, Village, et al., 2011; Village et al., 2018). These studies have shown that the tendency to burnout, which is promoted by emotional exhaustion, is mitigated among those clergy who report greater satisfaction in their ministries. During the pandemic lockdowns we needed to assess changes in wellbeing among both clergy and laity, so it was necessary to devise a different scale to estimate changes in affect balance, the difference between changes in negative affect and changes in positive affect since the lockdowns began. This allowed cross-sectional studies to obtain some measure of perceived change over time, which was a crucial indicator when trying to understand the effects of the pandemic. The scale development and properties are reported elsewhere (Francis & Village, 2021a); here we use the two components of the scale, positive and negative affect, to create a measure of 'affect balance', which we use as a proxy measure of how individuals perceive changes in psychological wellbeing during the lockdown.

Lockdowns and the Church of England

The UK Government first imposed a lockdown in response to the Covid-19 virus outbreak on 23 March 2020. Although the rules permitted access to religious buildings for private prayer, the Church of England decided to close all its churches to both clergy and lay people (McGowan, 2020). These restrictions to church access remained in place until early July 2020, at which time socially distanced worship was permitted. During the latter half of 2020

the various countries in the UK imposed regional and local lockdowns using tiered systems of restrictions linked to the level of local outbreaks. As infections rose in autumn 2020, a second national lockdown was imposed across England on 5 November 2020, which it was hoped would be the last. However, the advent of the delta variant of the virus in December 2020 (Public Health England, 2021) led to a third national lockdown in England which lasted from 5 January to 19 July 2021. The Government allowed churches to remain open on the same basis as they had since July, and the decision as to whether or not to remain open was left to individual clergy and congregations. The rapid rise in infection meant that some churches remained closed as in the first lockdown, although others were open for private prayer or socially-distanced services (Sherwood, 2021). As in the first lockdown, clergy faced problems in providing worship online and pastoral ministry in socially restricted contexts.

The effects of prolonged lockdown on wellbeing could be varied if some people learnt to adjust to the new life patterns, but others did not. Data from the Church of England suggested that, on average, wellbeing declined rather than improved between the first and third lockdowns (Village & Francis, 2022b). For much of the first half of 2021 Church of England clergy and lay people were likely to have been under greater threat to their wellbeing than at any time since the pandemic began.

Method

Procedure

During the first and third lockdowns, online surveys were promoted through the online and paper versions of the *Church Times,* the main newspaper of the Church of England, as well as directly through Church of England dioceses. The second survey, named *Covid-19, Church-21,* was delivered through the Qualtrics XM platform and was available from 22 January to 23 July 2021. It was designed to be used by various denominations, and the total response

was 5,853, of which 1,847 were Anglicans living in England who completed sufficient responses to be included in the study.

Sample profile

The final sample of 1,847 comprised 55% women and 45% men. The majority (55%) were in their 50s or 60s, 38% were ordained clergy, 22% lived alone, and 14% had children aged under 13 years living with them (table 1). The predominant psychological temperament was Epimethean SJ (61%) and the least frequent was Dionysian (SP), which was found in less than 4% of the sample. Just under half (46%) of the sample was not in active authorised ministry (ordained or lay), and nearly all of these were lay people, plus a few retired clergy who were no longer licensed to officiate. Less than a fifth of the sample were stipendiary clergy working in parishes. Although there are no accurate independent measures of the profile of the Church of England members as a whole, similar surveys suggest the procedure captures a broad spectrum of the clergy and laity in the denomination (Francis, Robbins, et al., 2005; Village, 2018a). There was an over-sampling of clergy, and an underrepresentation of younger adults and Evangelicals, which reflects the readership of the *Church Times* newspaper.

- insert table 1 about here -

Instruments

Psychological wellbeing

The survey contained 20 items that measured a range of positive and negative affect. They were introduced with the statement, ‘How would you rate how you are now compared with before the pandemic started?’. Respondents were asked to indicate on a five-point response scale if affect such as happiness, stress, or anxiety had increased, stayed the same, or decreased. Summated rating scales were developed from these items to measure self-reported affect change since the start of the lockdowns in 2020.

Affect balance was used as proxy measure of overall wellbeing. It was based on two five-item scales: Positive Affect, PA, (Happiness, Excitement, Thankfulness, Hopefulness, and Confidence) and Negative Affect, NA, (Exhaustion, Anxiety, Stress, Fatigue, and Frustration). These were the same as items used to develop The Index of Balanced Affect Change (TIBACh) during the first lockdown (Francis & Village, 2021a), apart from the PA item 'Trust' that had a rather low correlation with other items in the scale and was replaced by 'Confidence'. The scales had good internal reliability as measured by Cronbach's alpha (PA = .78, NA = .82), and the difference between scores (PA minus NA) gave an indication of 'affect balance', an overall measure of changes in psychological wellbeing. For ease of interpretability, twenty was added to scores, to produce the final affect balance variable, with larger scores indicating greater increases in positive than negative affect, and therefore better wellbeing.

Psychological type and emotional temperament

Psychological variables were assessed using the revised version of the Francis Psychological Type and Emotional Temperament Scales (FPTETS). This is a 50-item instrument comprising four sets of ten 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 toward the outer world (judging or perceiving), and ten items related to emotional temperament (calm or volatile) (Village & Francis, 2022a, 2022c). Previous studies have demonstrated that the parent instrument (which contains the four psychological type scales) functions well as a measure of psychological type preferences in a range of church-related contexts (for example, see Francis, Edwards, et al., 2021; Francis, Robbins, et al., 2011; Village, 2016). In this sample, the alpha reliabilities were .84 for the EI scale, .79 for the SN scale, .74 for the TF scale, .82 for the JP scale, and

.84 for the CV scale. Scores (rather than binary preferences) were used to indicate inclinations for extraversion, sensing, thinking, judging, and emotional volatility.

Church tradition

Church tradition was assessed using a 7-point bipolar scale labelled 'Anglo-Catholic' at one end and 'Evangelical' at the other. It is a good indication of differences in belief and practice in the Church of England (Randall, 2005; Village, 2012) and was used to identify Anglo-Catholic (scoring 1-2), Broad Church (3-5) and Evangelical (6-7) respondents. In the Church of England Anglo-Catholics tend to be liturgical traditionalists but more liberal on moral issues, whilst the reverse is true for Evangelicals (Village, 2012, 2018b). Anglo-Catholic and Evangelical were used as dummy variables in the regression analyses.

Contextual variables

Location was measured by a single item with three responses: 'rural', 'town/suburb', and 'inner city'. The first and last categories were used as dummy variables in regression analyses.

Ordination status was considered a proxy for different roles and status within the church context (1 = clergy, 0 = laity). A more detailed variable, ministry status, was determined by separate follow-up questions for ordained and lay respondents and combined into a single variable with five categories: stipendiary parochial clergy, stipendiary extra-parochial clergy, self-supporting ministers (SSM) or retired clergy with permission to officiate, lay people in authorised ministries, and lay people or clergy who were not licensed for ministry.

Respondents were also asked how many others in various age categories lived in their household and we used a dummy variable for those with children under 13 years old as a measure of likely parenting pressures during lockdown.

The survey also included questions related to experiences of the virus itself: whether someone had definitely had the virus, whether they had to self-isolate for other reasons, and whether they had to shield because they were especially vulnerable to infection. These latter two variables were combined to form a single dummy variable.

Sources and effectiveness of support during lockdown

Clergy and lay people were likely to have had slightly different sources of support, and so were given different item sets. Items were presented in a grid and participants were asked to tick an answer for each source which could be 'support not expected from this source', 'support expected but not given', 'support given, but was not useful', 'support given was of some use', or 'support given was really helpful'. In this analysis, the sources for lay people were 'my household', 'family elsewhere', 'friends', 'neighbours', 'my congregation', 'my Church nationally', 'my vicar/ priest', and 'lay ministers in my church'. The sources for clergy were 'my household', 'family elsewhere', 'friends', 'my ministry team', 'my congregation', 'the public', 'my bishop', 'my diocese', 'fellow clergy', and 'my Church nationally'.

Analysis

The first stage of analysis was to examine bivariate correlations between the three dependent affect variables (negative affect, positive affect, and affect balance) and 17 predictor variables. To test for independent effects, predictor variables were then entered in multiple regressions of the affect variables. For the temperaments, Epimetheans (SJ) were used at the reference group as these were the majority in the sample. Regressions were done stepwise initially, but only the final models are presented in the table. Graphical analysis was used to examine affect in relation to ministry status. The second stage of analysis examined affect variables in relation to support for separate samples of laity and clergy. Bivariate correlations were based only on instances where someone had expected support from a particular source,

so sample sizes varied for each source. Support was dummy coded such that 0 = no support given, or support was of no use, and 1= support given that was useful or really helpful.

Results

Predictors of affect

Twelve of the 17 predictors showed at least one significant correlation with the three affect variables, the exceptions being sex, SP temperament, inner city, living alone, and having had the virus (table 2). Increases in negative affect were higher among those with children at home, those who had to self-isolate or shield, those with higher emotional volatility, and among clergy. Increases in negative affect were lower among older rather than younger people, among those living in rural areas, and among Evangelicals rather than other traditions.

- insert table 2 about here -

Increase in positive affect was sometimes in the opposite direction to negative affect: it was higher in older people, lower among those with higher emotional volatility, higher among Evangelicals, and lower among those with children at home. In other cases, predictors were different from those that predicted negative affect. Positive affect (but not negative affect) was positively correlated with extraversion and the NF and NT temperaments, and negatively correlated with the SJ temperament.

The net effect of these correlations was evident in the results for change in affect balance, which was more positive among older people, extraverts, those with and NT temperament, Evangelicals, and those living in rural areas, and less positive among those with an SJ temperament, those who were more emotionally volatile, Anglo-Catholics, those with children at home, and those who had undertaken to self-isolate or shield.

When the bivariate predictors were entered into multiple correlations (table 3), some were no longer significant. Having children at home was most likely for younger people, so

this effect largely disappeared when age was in the model, as did self-isolating/shielding, which was also related to age. Extraversion, emotional volatility, and NF and NT temperaments emerged as significant personality factors predicting affect balance when other variables were in the model. Both NF and NT temperaments predicted better psychological wellbeing than the SJ temperament, and emotional volatility was the best single predictor of reduced wellbeing in lockdown. The significant independent predictors of better overall wellbeing (higher affect balance scores) were thus older age, NF and NT temperaments, lower emotional volatility, being Evangelical, and being lay rather than ordained.

- insert table 3 about here -

Affect and ministry status

The distinction between ordained clergy and lay people did not allow for differences in likely ministry patterns and loads within those groups. Some clergy would be in full time, paid employment, others would be working as part-time volunteers. Some lay people might be in authorised ministries, while others would not. We examined the three measures of affect in relation to our five categories of ministry (figure 1). The key difference that emerged was the greater increases in negative affect among stipendiary parochial clergy compared with the other four categories. It was clergy trying to run parishes who reported the biggest increases in negative affect during the third pandemic lockdown. Increase in positive affect showed less variation but was largest among self-supporting ministers and active retired clergy, and it was this group that had the highest average score in affect balance, with stipendiary parochial clergy having the lowest average score.

- insert figure 1 about here -

Effects of support for laity

Expectations of support among lay people varied with source, with 88% expecting support from friends, but only 50% expecting support from lay ministers at their church (tables 4 and

5). Where support was expected, having some rather than none helped to reduce increases in negative affect and promote increases in positive affect in all cases except household support (table 5). Among non-church related sources, friends were most effective. Among church-related sources, the Church nationally was most effective.

- insert tables 4 and 5 about here -

Effects of support for clergy

Expectations of support among clergy also varied, with 90% expecting support from friends, but only 35% expecting support from the public (tables 6 and 7). Where support was expected, it tended to be church-related sources that were most likely to benefit wellbeing (table 7). Support from congregations, bishops, dioceses, fellow clergy, and the Church nationally all helped to reduce increases in negative affect and promote increases in positive affect. Among non-church related sources, public support helped to reduce negative affect. Among church-related sources, diocesan support was most effective in promoting better affect balance.

- insert tables 6 and 7 about here -

Discussion

This study of the effects of the Covid-19 pandemic on 1,847 religiously committed people in the Church of England during the 2021 lockdown has built on our earlier study based on the first few months of the pandemic in England in 2020 (Francis & Village, 2021a; Village & Francis, 2021b, 2021c). The results have confirmed some of the earlier findings but also added new insight into how the prolonging of the pandemic into 2021 influenced the factors that promoted, or militated against, psychological wellbeing in this group.

Predicting affect change in the third lockdown

In terms of personal factors, sex was again not a significant predictor of changes in wellbeing when other factors were taken into account. In the first lockdown, men and women had

different attitudes towards the way that the Church responded and towards the future (Francis & Village, 2022), but both suffered similar declines in psychological wellbeing (Village & Francis, 2021b), suggesting this may be a stable finding. Age predicted wellbeing, with younger people reporting both increased negative affect and decreased positive affect, leading to lower levels of affect balance than among older people. The sample included a large proportion of retired people, who may have found less disruption to their daily lives compared with those whose working lives were severely disrupted by lockdowns. Age related effects of Covid-19 lockdowns on mental health have been reported in the general population in the UK (Pieh et al., 2021; Pierce et al., 2020) and elsewhere (Pieh et al., 2020), with younger people, and especially those with families, reporting the most severe effects. In the first lockdown, Church of England members with children at home showed lower affect balance, even after allowing for age (Village & Francis, 2021b), suggesting this may have been a particular cause of stress: schools were shut and home schooling was particularly difficult for parents who were also trying to work from home. In the third lockdown children were attending school, possibly easing some of the pressure on parents, which may explain why having children at home was not an independent predictor of poorer wellbeing in this study.

In terms of individual differences, the SJ temperament emerged as a significant predictor of reduced wellbeing in the first lockdown (Village & Francis, 2021b). In the third lockdown we show that psychological temperament preferences were mainly associated with changes in positive rather than negative affect. Epimetheans (SJ) tended to feel less happy, excited, hopeful, thankful or confident, but were no more exhausted, anxious, frustrated, stressed or fatigued than other temperaments. The SJ temperament is associated with those who are ‘guardians of tradition’ (Keirsey, 2021) and it may be that, whilst the loss of the familiar routines of church life was a cause of some unhappiness, this was not likely to cause

severe stress. The two temperaments that showed increases in wellbeing were Apollonian (NF) and Promethean (NT), possibly because those types of people were best suited to seeing lockdown as something to be engaged with as either a growth experience or a problem to be solved. As in the first lockdown, emotional volatility was strongly correlated with reduced affect balance (Village & Francis, 2021b). In the third lockdown, emotional volatility was associated with both increased negative affect and decreased positive affect, indicating the widespread influence of underlying neurotic tendency on various aspects of perceived wellbeing during the pandemic. The relationship between underlying mental health issues and coping in the pandemic has been widely reported (Dawson & Golijani-Moghaddam, 2020; Rettie & Daniels, 2021; Shamblaw et al., 2021), and this group seemed to follow similar trends.

In the first lockdown, on average, Anglo-Catholics reported reduced wellbeing, whilst Evangelicals reported increased wellbeing (Village & Francis, 2021b). In the third lockdown, reported here, Evangelicals showed better changes in affect than others in the sample, but Anglo-Catholics were similar to Broad Church, rather than showing worse wellbeing. This might be an effect of having two independent samples, but there were also changes in lockdown practice that might explain the change among Anglo-Catholics. In the first lockdown, the leadership of the Church of England closed all churches completely, a fiat that went beyond government guidelines and one that seemed to be particularly difficult for those from traditions in which church buildings and worship in churches are particularly important (Francis & Village, 2021b; Village & Francis, 2021a). By the third lockdown, despite the serious rise in infections, churches could remain open for worship, and this may have gone some way to reduce the frustration felt by Anglo-Catholics. The greater resilience of Evangelicals is in line with trends among non-conformist church members in the first survey (Village & Francis, 2020) suggesting there may be something in the theology and practice of

the Reformed traditions that make them better able to cope with the loss of traditional church life, or perhaps more willingness to optimism in the face of disasters. The trends remained after controlling for emotional volatility and psychological type preferences, so it may be more than a difference in personality profiles between Evangelicals and others in the Church of England.

The poorer psychological wellbeing of clergy compared with laity was evident in the first survey (Village & Francis, 2021b, 2021c), and continued into the third lockdown. In this study we examined in more detail the relationships with different ministry status, and it was the full-time parish-based clergy who emerged as those most seriously harmed by the pandemic. In particular, it was the increase in negative affect that marked them out as different from those with other or no ministry roles. This gives an indication of the increases in exhaustion, fatigue, frustration, stress, and anxiety that seemed to be common among those who were trying to run parishes in lockdown.

The value of support during the lockdowns

In the first lockdown we noted how the importance of different sources of support varied, and that it was not those sources that were most often drawn on or rated most highly that were necessarily the most effective in sustaining wellbeing (Village & Francis, 2021b). For those receiving ministry, neighbours and the Church nationally were most strongly correlated with affect balance, even though fewer people accessed these sources. In the third lockdown, we found similar correlations among lay people, though household support seemed to be less effective than it was in the first lockdown. Perhaps the more interesting finding was the way in which support from church sources for lay people was most effective in boosting positive affect, rather than ameliorating negative affect.

For clergy in the third lockdown, church-based support emerged as more closely associated with affect change than household, family, or friends. This seems to have been a

shift since the first lockdown and suggests that where church hierarchies were able to give support, it was useful and important. There may have been some improvement in support mechanisms after an initially poor start, when the Church of England seemed to be wrong-footed by the first lockdown.

Conclusions

The overall trend in the third lockdown was for a deterioration in psychological wellbeing compared with the first lockdown, a trend that was evident across the clergy and laity and in different locations (Village & Francis, 2022b). This study has demonstrated how levels of self-perceived changes in psychological wellbeing, as assessed by affect balance, were associated with a range of personal, contextual, psychological, and church-related factors. In some cases these factors seemed to influence negative and positive affect differentially, suggesting these two forms of affect are partially independent of one another, as predicted by the balanced affect model of psychological wellbeing (Bradburn, 1969). Our study also shows the value of support during the pandemic in promoting wellbeing. The Church of England may have become better at supporting its clergy and laity as the pandemic progressed and, if so, our study shows that this was not wasted effort.

Notes

Ethical approval was granted by the Research Ethics Committee for the School of Humanities, Religion and Philosophy ay York St John University (approval code: HRP-RS-AV-04-20-01). All participants had to affirm they were 18 or over and give their informed consent by ticking a box that gave access to the rest of the survey.

Disclosure statement

No potential conflict of interest was reported by the authors.

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References

Bradburn, N. M. (1969). *The structure of psychological well-being*. Aldine.

Chang, M.-C., Chen, P.-F., Lee, T.-H., Lin, C.-C., Chiang, K.-T., Tsai, M.-F., Kuo, H.-F., & Lung, F.-W. (2021). The effect of religion on psychological resilience in healthcare workers during the coronavirus disease 2019 pandemic. *Frontiers in Psychology*, *12*(616). https://doi.org/10.3389/fpsyg.2021.628894

Church of England. (2020a). *Guidance on mental health and wellbeing and Coronavirus*. https://www.churchofengland.org/sites/default/files/2020-03/Guidance%20on%20mental%20health%20and%20wellbeing%20and%20Coronavirus.pdf

Church of England. (2020b). *Wellbeing of clergy and lay ministers during the coronavirus pandemic*. https://www.churchofengland.org/sites/default/files/2020-04/Wellbeing%20of%20clergy%20and%20lay%20ministers%20during%20the%20coronavirus%20pandemic.pdf

Church of England. (2021). *Living Ministry Research*. Church of England. Retrieved 27 August from https://www.churchofengland.org/resources/diocesan-resources/ministry/ministry-development/living-ministry/living-ministry-research

Coppola, I., Rania, N., Parisi, R., & Lagomarsino, F. (2021). Spiritual well-being and mental health during the COVID-19 pandemic in Italy. *Frontiers in psychiatry*, *12*(296). https://doi.org/10.3389/fpsyt.2021.626944

Counted, V., Pargament, K. I., Bechara, A. O., Joynt, S., & Cowden, R. G. (2020). Hope and well-being in vulnerable contexts during the COVID-19 pandemic: Does religious coping matter? *The Journal of Positive Psychology*, 1-12. https://doi.org/10.1080/17439760.2020.1832247

Dawson, D. L., & Golijani-Moghaddam, N. (2020). COVID-19: Psychological flexibility, coping, mental health, and wellbeing in the UK during the pandemic. *Journal of Contextual Behavioral Science*, *17*, 126-134. https://doi.org/https://doi.org/10.1016/j.jcbs.2020.07.010

Dein, S., Loewenthal, K., Lewis, C. A., & Pargament, K. I. (2020). COVID-19, mental health and religion: An agenda for future research. *Mental Health, Religion & Culture*, *23*(1), 1-9. https://doi.org/10.1080/13674676.2020.1768725

Denham, J. (2020, 2 May). For introverts, lockdown is a chance to play to our strengths. *The Guardian*. https://www.theguardian.com/lifeandstyle/2020/may/02/for-introverts-lockdown-is-a-chance-to-play-to-our-strengths

Francis, L. J. (2005). *Faith and psychology: Personality, religion and the individual*. Darton, Longman & Todd.

Francis, L. J., Edwards, O., & ap Sion, T. (2021). Applying psychological type and psychological temperament theory to the congregations at cathedral carol services. *Mental Health, Religion & Culture*, *24*(4), 412-424. https://doi.org/10.1080/13674676.2020.1764516

Francis, L. J., & Jones, S. H. (2000). The relationship between the Myers-Briggs Type Indicator and the Eysenck Personality Questionnaire among adult churchgoers. *Pastoral Psychology*, *48*(5), 377-386. https://doi.org/10.1023/A:1022036504232

Francis, L. J., Kaldor, P., Robbins, M., & Castle, K. (2005). Happy but exhausted? Work-related psychological health among clergy. *Pastoral Sciences*, *24*(2), 101-120.

Francis, L. J., Laycock, P., & Brewster, C. (2017). Exploring the factor structure of the Francis Psychological Type Scales among a sample of Anglican clergy in England. *Mental Health, Religion & Culture*, *20*(9), 930-941. https://doi.org/10.1080/13674676.2017.1375469

Francis, L. J., Robbins, M., & Astley, J. (2005). *Fragmented faith? Exposing the fault-lines in the Church of England*. Paternoster Press.

Francis, L. J., Robbins, M., & Craig, C. (2011). The psychological type profile of Anglican churchgoers in England: Compatible or incompatible with their clergy? *International Journal of Practical Theology*, *15*(2), 243-259. https://doi.org/10.1515/IJPT.2011.036

Francis, L. J., & Village, A. (2012). The psychological temperament of Anglican clergy in Ordained Local Ministry (OLM): The conserving, serving pastor? *Journal of Empirical Theology*, *25*(1), 57-76. https://doi.org/10.1163/157092512X635743

Francis, L. J., & Village, A. (2021a). Introducing The Index of Balanced Affect Change (TIBACh): A study among Church of England clergy and laity. *Mental Health Religion & Culture*, *24*(8), 770-779. https://doi.org/10.1080/13674676.2021.1923679

Francis, L. J., & Village, A. (2021b). Reading the Church of England's Response to the Covid-19 Crisis: The Diverging Views of Anglo-Catholic and Evangelical Clergy. *Journal of Anglican Studies*, 1-13. https://doi.org/10.1017/s1740355321000267

Francis, L. J., & Village, A. (2022). The pandemic and the feminisation of the Church? How male and female churchgoers experienced the Church of England's response to Covid-19. *Journal of Beliefs & Values*, *43*(2), 207-216. https://doi.org/10.1080/13617672.2021.1933304

Francis, L. J., Village, A., Robbins, M., & Wulff, K. (2011). Work-related psychological health among clergy serving in the Presbyterian Church (USA): Testing the idea of balanced affect. *Review of Religious Research*, *53*(1), 9-22. https://doi.org/10.1007/s13644-011-0003-8

Francis, L. J., Village, A., & Voas, D. (2018). Stress levels among Anglican clergy: The beneficial effects of feeling supported. *Journal of Empirical Theology*, *31*(2), 265-287. https://doi.org/10.1163/15709256-12341374

Furnham, A. (1996). The big five versus the big four: The relationship between the Myers-Briggs Type Indicator (MBTI) and NEO-PI five factor model of personality. *Personality and Individual Differences, 21*(2), 303-307. https://doi.org/Doi: 10.1016/0191-8869(96)00033-5

Furnham, A., Jackson, C. J., Forde, L., & Cotter, T. (2001). Correlates of the Eysenck personality profiler. *Personality and Individual differences, 30*(4), 587-594. https://doi.org/10.1016/S0191-8869(00)00057-X

Hou, T., Zhang, T., Cai, W., Song, X., Chen, A., Deng, G., & Ni, C. (2020). Social support and mental health among health care workers during Coronavirus Disease 2019 outbreak: A moderated mediation model. *PloS one*, *15*(5), e0233831. https://doi.org/10.1371/journal.pone.0233831

Jung, C. G. (1971). *Psychological types: The collected works* (Vol. 6). Routledge and Kegan Paul.

Keirsey, D. (1998). *Please understand me II: Temperament, character and intelligence*. Prometheus Nemesis.

Keirsey, D. (2021). *The four temperaments*. Retrieved 26 January from https://www.keirsey.com/

Keirsey, D., & Bates, M. (1978). *Please understand me* (3rd ed.). Prometheus Nemesis.

Kluth, A. (2020). *For introverts, quarantine can be a liberation*. Retrieved 28 March 2021 from https://www.bloomberg.com/opinion/articles/2020-03-28/coronavirus-for-introverts-quarantine-can-be-a-liberation

Koenig, H. G. (2020). Maintaining health and well-being by putting faith into action during the COVID-19 pandemic. *Journal of Religion and Health, 59*(5), 2205-2214. https://doi.org/10.1007/s10943-020-01035-2

Koenig, H. G., King, D., & Carson, V. B. (2012). *Handbook of religion and health* (2nd ed.). Oxford University Press.

McCrae, R. R., & Costa, P. T. (1989). Reinterpreting the Myers-Briggs Type Indicator from the perspective of the Five-Factor Model of personality. *Journal of Personality*, *57*(1), 17-40. https://doi.org/10.1111/j.1467-6494.1989.tb00759.x

McFerran, L., & Graveling, L. (2021). *Clergy wellbeing changes during the COVID-19 pandemic*. https://www.churchofengland.org/sites/default/files/2021-08/Living%20Ministry%20Wave%203%20-%20clergy%20wellbeing%20and%20the%20pandemic.pdf

McGowan, A. (2020). Communion and pandemic. *Journal of Anglican Studies*, *18*(1), 2-8. https://doi.org/10.1017/S1740355320000285

Mind. (2020, 2 December). *Coronavirus and your wellbeing*. Retrieved 15 December 2020 from https://www.mind.org.uk/information-support/coronavirus/coronavirus-and-your-wellbeing/

Muskett, J., & Village, A. (2015). Created to be guardians? Psychological-type profiles of members of cathedral Friends associations in England. *Mental Health, Religion & Culture*, *18*(8), 641-654. https://doi.org/10.1080/13674676.2014.961249

Myers, I. B., McCaulley, M. H., Quenk, N. L., & Hammer, A. L. (1998). *MBTI manual: A guide to the development and use of the Myers-Briggs Type Indicator* (3rd ed.). Consulting Psychologists Press.

O'Connor, D. B., Aggleton, J. P., Chakrabarti, B., Cooper, C. L., Creswell, C., Dunsmuir, S., Fiske, S. T., Gathercole, S., Gough, B., Ireland, J. L., Jones, M. V., Jowett, A., Kagan, C., Karanika-Murray, M., Kaye, L. K., Kumari, V., Lewandowsky, S., Lightman, S., Malpass, D., Meins, E., Morgan, B. P., Morrison Coulthard, L. J., Reicher, S. D., Schacter, D. L., Sherman, S. M., Simms, V., Williams, A., Wykes, T., & Armitage, C.

J. (2020). Research priorities for the COVID-19 pandemic and beyond: A call to action for psychological science. *British Journal of Psychology, 111*(4), e12468. https://doi.org/https://doi.org/10.1111/bjop.12468

O'Connor, R. C., Wetherall, K., Cleare, S., McClelland, H., Melson, A. J., Niedzwiedz, C. L., O'Carroll, R. E., O'Connor, D. B., Platt, S., Scowcroft, E., Watson, B., Zortea, T., Ferguson, E., & Robb, K. A. (2021). Mental health and well-being during the COVID-19 pandemic: Longitudinal analyses of adults in the UK COVID-19 Mental Health & Wellbeing study. *The British Journal of Psychiatry, 218*(6), 326-333. https://doi.org/10.1192/bjp.2020.212

ONS. (2020). *Coronavirus and the social impacts on Great Britain: 11 December 2020*. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/11december2020#impacts-on-life-and-well-being-of-adults-experiencing-some-form-of-depression-or-anxiety

Pieh, C., Budimir, S., Delgadillo, J., Barkham, M., Fontaine, J. R. J., & Probst, T. (2021). Mental Health During COVID-19 Lockdown in the United Kingdom. *Psychosomatic Medicine, 83*(4), 328-337. https://doi.org/10.1097/psy.0000000000000871

Pieh, C., Budimir, S., & Probst, T. (2020). The effect of age, gender, income, work, and physical activity on mental health during coronavirus disease (COVID-19) lockdown in Austria. *Journal of Psychosomatic Research, 136*, 110186. https://doi.org/https://doi.org/10.1016/j.jpsychores.2020.110186

Pierce, M., Hope, H., Ford, T., Hatch, S., Hotopf, M., John, A., Kontopantelis, E., Webb, R., Wessely, S., McManus, S., & Abel, K. M. (2020). Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK

population. *The Lancet Psychiatry*, *7*(10), 883-892. https://doi.org/10.1016/S2215-0366(20)30308-4

Pirutinsky, S., Cherniak, A. D., & Rosmarin, D. H. (2020). COVID-19, mental health, and religious coping among American Orthodox Jews. *Journal of Religion and Health*, *59*(5), 2288-2301. https://doi.org/10.1007/s10943-020-01070-z

Public Health England (2020, 4 November). *Guidance for the public on the mental health and wellbeing aspects of coronavirus (COVID-19)*. Public Health England. Retrieved 15 December from https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing/guidance-for-the-public-on-the-mental-health-and-wellbeing-aspects-of-coronavirus-covid-19

Public Health England (2021). *Variants of concern or under investigation: Data up to 16 June 2021*. https://www.gov.uk/government/publications/covid-19-variants-genomically-confirmed-case-numbers/variants-distribution-of-case-data-18-june-2021

Randall, K. (2005). *Evangelicals etcetera: Conflict and conviction in the Church of England's parties*. Aldershot: Ashgate.

Rettie, H., & Daniels, J. (2021). Coping and tolerance of uncertainty: Predictors and mediators of mental health during the COVID-19 pandemic. *American Psychologist*, *76*(3), 427-437. https://doi.org/10.1037/amp0000710

Ruisoto, P., Ramírez, M. R., García, P. A., Paladines-Costa, B., Vaca, S. L., & Clemente-Suárez, V. J. (2021). Social Support Mediates the Effect of Burnout on Health in Health Care Professionals [Original Research]. *Frontiers in Psychology*, *11*(3867). https://doi.org/10.3389/fpsyg.2020.623587

Schnabel, L., & Schieman, S. (2021). Religion protected mental health but constrained crisis response during crucial early days of the COVID-19 pandemic. *Journal for the Scientific Study of Religion*. https://doi.org/10.1111/jssr.12720

Schultz, M. F. (2020, 12 March). Who's ready for coronavirus? Introverts. *Washington Examiner*. https://www.washingtonexaminer.com/opinion/whos-ready-for-coronavirus-introverts

Shamblaw, A. L., Rumas, R. L., & Best, M. W. (2021). Coping during the COVID-19 pandemic: Relations with mental health and quality of life. *Canadian Psychology/Psychologie canadienne*, *62*(1), 92-100. https://doi.org/10.1037/cap0000263

Sherwood, H. (2021, 17 January). Thousands of churches in England opt to close over Covid fears. *The Guardian*. https://www.theguardian.com/world/2021/jan/17/thousands-of-churches-in-england-opt-to-close-over-covid-fears

Steele, R. S., & Kelly, T. J. (1976). Eysenck Personality Questionnaire and Jungian Myers-Briggs type indicator correlation of extraversion-introversion. *Journal of Consulting and Clinical Psychology*, *44*(4), 690.

Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., Parkinson, J., Secker, J., & Stewart-Brown, S. (2007). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): Development and UK validation. *Health and Quality of Life Outcomes*, *5*(1), 63. https://doi.org/10.1186/1477-7525-5-63

Thomas, J., & Barbato, M. (2020). Positive religious coping and mental health among Christians and Muslims in response to the COVID-19 pandemic. *Religions*, *11*(10), 498. https://doi.org/10.3390/rel11100498

Travers, M. (2020, 30 April). *Are extroverts suffering more from the quarantine? Not so fast, says new research*. Retrieved 15 December 2020 from https://www.forbes.com/sites/traversmark/2020/04/30/are-extroverts-suffering-more-from-the-quarantine-not-so-fast-says-new-research/#3541bac951a0

Village, A. (2012). English Anglicanism: Construct validity of a scale of Anglo-catholic versus evangelical self-identification. In F.-V. Anthony & H.-G. Ziebertz (Eds.), *Religious identity and national heritage: Empirical-theological perspectives* (pp. 93-122). Brill. https://doi.org/10.1163/9789004228788_007

Village, A. (2016). Biblical conservatism and psychological type. *Journal of Empirical Theology*, *29*(2), 137-159. https://doi.org/10.1163/15709256-12341340

Village, A. (2018a). *The Church of England in the first decade of the 21st century: The Church Times Surveys*. Palgrave Macmillan. https://www.palgrave.com/gb/book/9783030045272

Village, A. (2018b). What does the Liberal-Conservative scale measure? A study among clergy and laity in the Church of England. *Journal of Empirical Theology*, *31*(2), 194-216. https://doi.org/10.1163/15709256-12341371

Village, A. (2021). Testing the factor structure of the Francis Psychological Type Scales (FPTS): A replication among Church of England clergy and laity. *Mental Health Religion & Culture*, *24*, 336-346. https://doi.org/10.1080/13674676.2020.1780575

Village, A., & Francis, L. J. (2020). *Coronavirus, Church & You Survey: Baptists in the CC&Y Survey*. https://www.yorksj.ac.uk/coronavirus-church-and-you/

Village, A., & Francis, L. J. (2021a). Churches and faith: Attitude towards church buildings during the 2020 Covid-19 lockdown among churchgoers in England. *Ecclesial Practices*, *8*(2), 216-232. https://doi.org/10.1163/22144417-bja10025

Village, A., & Francis, L. J. (2021b). Exploring affect balance: Psychological wellbeing of Church of England clergy and laity during the Covid-19 pandemic. *Journal of Religion & Health*, *60*, 1556–1575. https://doi.org/10.1007/s10943-021-01225-6

Village, A., & Francis, L. J. (2021c). Wellbeing and perceptions of receiving support among Church of England clergy during the 2020 COVID-19 pandemic. *Mental Health Religion & Culture*, *24*(5), 463-477. https://doi.org/10.1080/13674676.2021.1906214

Village, A., & Francis, L. J. (2022a). Factorial structure and validity of the Francis Psychological Type and Emotional Temperament Scales (FPTETS). *Mental Health, Religion & Culture*, 1-13. https://doi.org/10.1080/13674676.2022.2026311

Village, A., & Francis, L. J. (2022b). How did psychological wellbeing of Church of England clergy and laity change from the first to the third national COVID-19 lockdowns? *Pastoral Psychology*, 1-14. https://doi.org/10.1007/s11089-022-01017-z

Village, A., & Francis, L. J. (2022c). Introducing the Francis Psychological Type and Emotional Temperament Scales (FPTETS): A study among church leaders and church members. *[Manuscript submitted for publication]. School of Humanities, University of York St John*.

Village, A., & Francis, L. J. (2022d). Psychological type and the three major dimensions of personality: Mapping the relationship between the FPTS and the EPQR-A among clergy and churchgoers. *Mental Health Religion & Culture*. https://doi.org/10.1080/13674676.2021.1999400

Village, A., Payne, J. V., & Francis, L. J. (2018). Testing the balanced affect model of clergy work-related psychological health: Replication among Anglican clergy in Wales. *Rural Theology*, *16*(2), 93-100.

Wei, M. (2020). Social distancing and lockdown – an introvert's paradise? An empirical investigation on the association between introversion and the psychological impact of COVID19-related circumstantial changes [Original Research]. *Frontiers in Psychology*, *11*(2440). https://doi.org/10.3389/fpsyg.2020.561609

Table 1 *Profile of Church of England participants in the surveys*

		%
Sex	Male	44.7
	Female	55.3
Age	20s	1.3
	30s	4.1
	40s	9.8
	50s	20.1
	60s	34.7
	70s	25.5
	80s+	4.5
Temperament	Dionysian SP	3.8
	Epimethean SJ	60.9
	Promethean NT	16.8
	Apollonian NF	18.5
Tradition	Anglo-Catholic	29.2
	Broad church	50.4
	Evangelical	20.4
Location	Rural	36.3
	Town/suburb	56.0
	Inner city	7.7
Ordained	Laity	62.4
	Clergy	37.6
Ministry status	Stipendiary parochial	19.7
	Stipendiary extra-parochial	1.8
	Active SSM / Retired clergy	12.8
	Lay minister	19.6
	Not ministering	46.1
Household	Live alone	22.1
	Children at home	14.1

Virus	Definitely had virus	5.7
	Self-isolated/shielded	34.3

Note: N = 1,847. SSM= Self-supporting ministry.

Table 2

Bivariate correlations of predictor variables with affect

	Affect		
	Negative	Positive	Balanced
Female	.03	-.05	-.04
Age	-.26***	.11***	.22***
Extraversion	-.03	.10***	.07**
SP	-.01	-.03	-.01
SJ	.01	-.10***	-.06*
NF	.02	.08***	.03
NT	-.03	.06*	.05*
Emotional volatility	.35***	-.29***	-.37***
Anglo-Catholic	.04	-.06*	-.06*
Evangelical	-.05*	.09***	.08***
Rural	-.07**	.02	.05*
Inner City	.02	.00	-.01
Ordained	.09***	.04	-.03
Live alone	-.04	.03	.04
Children	.10***	-.05*	-.09***
Definitely had virus	.04	-.02	-.03
Self-isolated / Shielded	.08***	-.03	-.07**

Note: N = 1,847. Pearson correlation coefficients. * $p < .05$; ** $p < .01$; *** $p < .001$.

Table 3

Multiple regressions of affect on predictors

	Affect		
	Negative	Positive	Balanced
Female	-.01	.00	.01
Age	-.19***	.07**	.16***
Extraversion	.01	.05*	.02
SP	.00	-.02	-.01
NF	-.03	.10***	.07**
NT	-.04***	.07**	.06**
Emotional volatility	.32***	-.26***	-.33***
Anglo-Catholic	.02*	-.02	-.02
Evangelical	-.06*	.08***	.08***
Rural	-.02	-.02	.00
Inner City	-.02	.00	.01
Ordained	.10***	.00	-.06*
Live alone	-.03	.04	.04
Children	.02	-.02	-.03
Definitely had virus	-.01	-.01	.00
Self-isolated / Shielded	.05*	.00	-.03

Note: N = 1,847. Standardised beta weights. * $p < .05$; ** $p < .01$; *** $p < .001$.

Table 4

Support sources for lay people

	Not expected	Expected: not given	Given: not useful	Given: some use	Really helpful
	%	%	%	%	%
My household	27	2	1	23	47
Family elsewhere	24	3	1	32	40
Friends	12	2	1	36	48
Neighbours	41	2	1	33	24
My congregation	25	10	2	41	22
My Church nationally	41	16	8	29	5
My vicar/ priest/ minister	20	16	3	32	29
Lay ministers in my church	50	9	2	24	15

Note: N = 1,176.

Table 5

Correlations of support with affect for lay people

			Affect		
	n	%	Negative	Positive	Balance
My household	848	72.5	-.03	.06	.05
Family elsewhere	890	75.7	-.09**	.14***	.13***
Friends	1033	87.8	-.15***	.14***	.16***
Neighbours	695	59.2	-.09*	.08*	.09*
My congregation	877	74.8	-.07*	.15***	.12***
My Church nationally	687	58.7	-.09*	.15***	.14***
My vicar/ priest/ minister	932	79.6	-.07*	.14***	.11***
Lay ministers in my church	583	49.9	-.07	.14***	.12**

Note: N = 1,176. n = number who expected support from this source. % = percent who expected support from this source. Support was scored as 0 = no support or support was of no use, 1 = support useful or really helpful. Pearson correlation coefficients. * $p < .05$; ** $p < .01$; *** $p < .001$.

Table 6

Support sources for clergy

	Not expected	Expected: not given	Given: not useful	Given: some use	Really helpful
	%	%	%	%	%
My household	18	1	0	21	60
Family elsewhere	21	3	1	38	37
Friends	9	2	1	42	46
My ministry team	14	12	2	37	35
My congregation	19	9	3	46	23
The public	65	3	2	24	6
My bishop	19	16	7	39	19
My diocese	18	16	9	42	16
Fellow clergy	11	8	3	47	31
My Church nationally	31	14	9	38	8

Note: $N = 667$.

Table 7

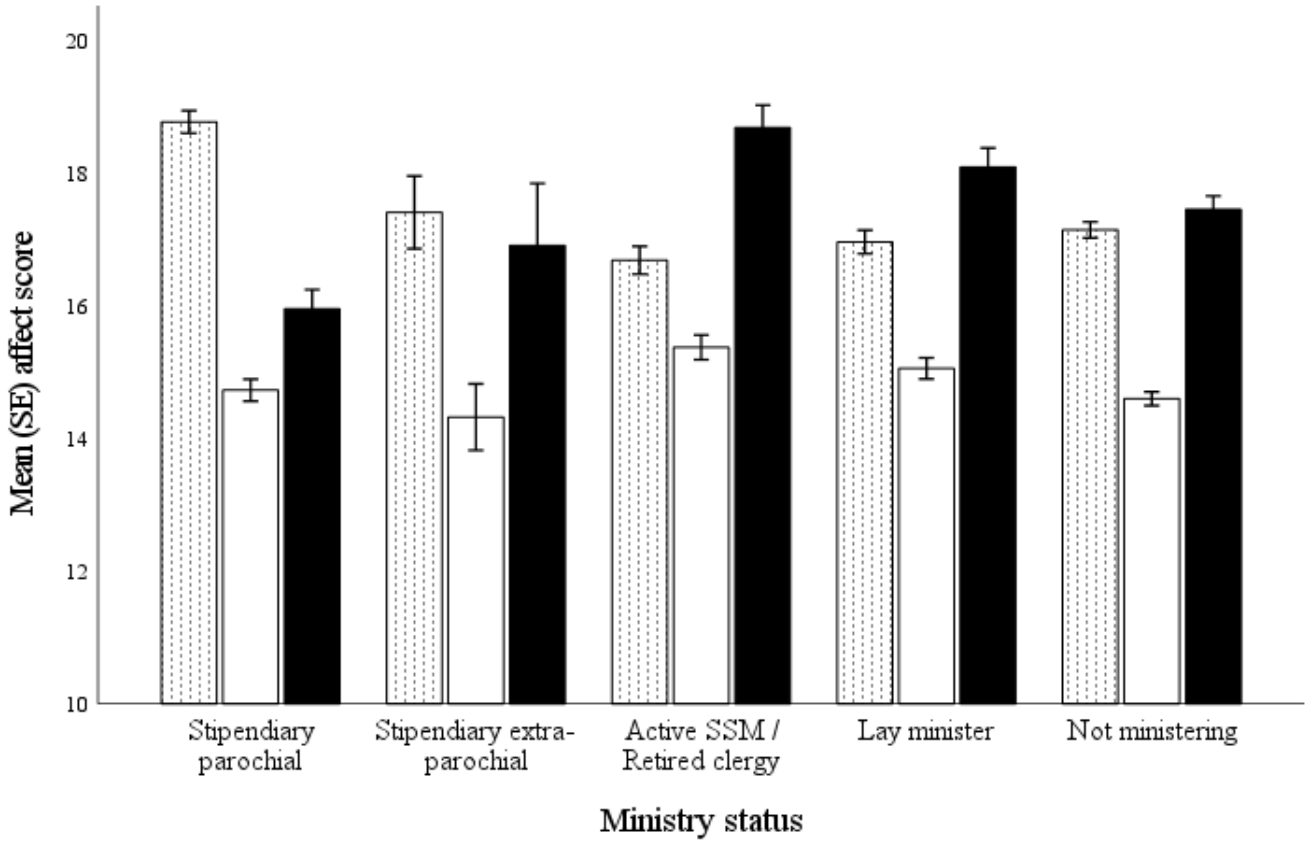
Correlations of support with affect for clergy

			Affect		
	n	%	Negative	Positive	Balance
My household	544	80.4	-.04	.06	.06
Family elsewhere	530	78.3	-.02	.01	.02
Friends	608	89.8	-.02	.03	.03
My ministry team	573	84.6	-.02	.12**	.08*
My congregation	536	79.2	-.10*	.10*	.12**
The public	236	34.9	-.15*	.06	.13*
My bishop	542	80.1	-.16***	.13**	.17***
My diocese	545	80.5	-.23***	.16***	.23***
Fellow clergy	589	87.0	-.10*	.12**	.12**
My Church nationally	459	67.8	-.15***	.14**	.17***

Note: $N = 667$. *n* = number who expected support from this source. % = percent who expected support from this source. Support was scored as 0 = no support or support was of no use, 1 = support useful or really helpful. Pearson correlation coefficients. * $p < .05$; ** $p < .01$; *** $p < .001$.

Figure 1

Affect scores in relation to ministry status.



Note: Shaded bars: Negative affect; Open bars: Positive affect; Solid bars: Affect balance. Error bars are ± 1 SE.