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## BAPT MIDLANDS GROUP WORKSHOP MBTI® AND THE END OF LIFE – REVD DAVID KNIGHT 19th October, 2016. RUTH PICKLES (ENTJ)

The group was pleased to have one of its own number, Revd David Knight, share an update on his research into Clergy, the good death and psychological type. David is an Anglican priest who is currently spiritual care co-ordinator for Mary Stevens Hospice in the Diocese of Worcester and a PhD researcher at the University of Warwick.

David had shared in its earliest stages his hopes for the research, and group members had offered comments on his intended questionnaire. At this meeting David was able to give information on the outcomes of the pilot use of the questionnaire amongst groups of Anglican clergy.

End of life care pathways as determined by healthcare professionals tend to be based on a bio-medical model. A second stream of documents arising from government and NGOs capture many aspirations about individualised care but do not examine what might lie behind observed varieties in people's views about what might be 'a good death'. An alternative may lie in defining the 'good death' for distinct groups in society, selected according to cultural variables, major personal life choices, or according to psychological type. David's research is using type theory as a means of exploring the variety in responses about what constitutes a good death.

Members of the group were invited to engage, individually or in pairs, in an exercise that (assuming the best medical care was administered) answered the question "What would be a 'good death' for you?" It was intriguing to hear each others' answers as there was such a variety of responses.

Preliminary findings in the research show that the SN dichotomy is interesting. People frequently choose against type and identify an S preference. Three possible reasons for this are being explored: brain function, in that when presented with an overwhelming fact, like dying, awareness of any big picture possibilities tend to recede!; secondly, identification with the scientific vernacular of healthcare, which values behaviours that are normally associated with an S preference, may be involved; thirdly, and quite likely, some if not all of the choosing against type might be simply down to sample size.

The group engaged in conversation and members made some suggestions to assist David with his ongoing research. His upgrade paper is available on request.

It was a fascinating meeting.

