

# 4

---

## The Psychological Wellness of Priests

---

### Some Previous Studies

---

**A**s noted in the introduction, there is much misinformation, speculation, and projection about how psychologically well or sick Catholic priests are. Our Christian theology tells us that the human condition is subject to the ravages of weakness and sin. As St. Paul wrote, “We know that the law is spiritual; but I am carnal, sold into slavery to sin. What I do, I do not understand. For I do not do what I want, but I do what I hate” (Rom 7:15–16). All of humanity is subject to sin, and this truth is attested to in all corners of the globe and down through every century. So it is not news that we would find human weakness in our priests as well, given they are subject to the same fallen humanity. Rather, the question is: “How psychologically disturbed or healthy are they compared to others?”

Thus the first question is one of comparison. If priests are consistently more disturbed than their lay counterparts, then the Catholic Church must begin to look at recruitment, training, and lifestyle. Perhaps the Church is recruiting disturbed men to be priests; more than a

few have assumed such in their public writings. Some have speculated that the celibate religious lifestyle attracts sexually dysfunctional individuals. Others have intimated that priesthood, with its celibate lifestyle that includes access to minors, attracts an inordinate percentage of child molesters. Others assume that priestly life, including celibacy and living under a religious authority, fosters unhealthy living. They have variously hinted that priests are less mature, more narcissistic, sexually underdeveloped, and the like.

So if priests are more disturbed than the general population, then the Church has to ask: "What are we doing wrong?" and "How can we fix it?" But if they are actually healthier, the first question ought to be: "What are we doing right?" Is there something about priestly life that actually contributes to health? Or maybe there is no difference at all, psychologically speaking, between priests and laymen. This in itself would be an important finding.

Perhaps the most oft-quoted study of priestly psychological wellness is the 1972 Kennedy and Heckler study, "The Catholic Priest in the United States: Psychological Investigations." The clinical researchers extensively interviewed 271 priests and made personal clinical judgments about their level of psychological maturity. They judged that approximately 8% (23) were maldeveloped; 66% (179) were underdeveloped; 18% (50) were developing; and 7% (19) were developed. These numbers have been much trumpeted in recent articles and media reports to support the notion that priests are seriously psychologically dysfunctional and thus especially prone to sexual deviance.

However, such interpretations are not faithful to the report itself. Kennedy and Heckler themselves summarized their results with the sentence: "The priests of the United States are ordinary men."<sup>1</sup> Also, they did not compare their priest sample with any statistical norms of the general population, so their reflections are merely their own clinical judgments. Nonetheless, they found that "American priests are bright and good men who do not as a group suffer from major psychological problems."<sup>2</sup> And, although there were no general statistical norms, the study concluded, "Priests probably stand up psychologically, according to any overall judgment, as well as any other professional group."<sup>3</sup>

What they did note was that the public expectations of priests were very high, and thus their results, while supporting the common “fallen” humanity of priests and their lay counterparts, could be particularly devastating to some people. This has become all too evident in the clergy sexual misconduct scandals, especially when it involves the abuse of a minor. The sexual abuse of a minor is rightly one of the most despised of all crimes, but when a priest is the perpetrator, it understandably carries even greater emotional outrage and condemnation.

Thomas Nestor in his 1993 clinical study of priestly wellness compared 104 Chicago priests to 101 laymen, also from Chicago. Nestor was critical of Kennedy and Heckler’s study for not using a control group and standardized testing, thus relying on their own clinical observations and assessments. Nestor wrote, “The likelihood of bias, inconsistency, and expectancy effects increases substantially when such an assessment modality is utilized.”<sup>4</sup>

Nestor compared his sample of priests to the lay control sample and found that the priests actually did “well in interpersonal relationships,” and he suggested that “Kennedy and Heckler may have been subject to experimenter bias.”<sup>5</sup> Nestor recognized, “There is a general presumption that priests . . . are deficient in interpersonal relationships. The results of the present study contradict that notion.”<sup>6</sup> Comparing priests to the laymen in his study on such tests as the Miller Social Intimacy Scale, the Symptom Checklist-90 (SCL-90), and the Satisfaction with Life Scale (SWLS), he concluded, “Priests in this study were more intimate, more satisfied with their vocations, and better adjusted than their male peers.”<sup>7</sup>

Similarly the National Opinion Research Center study of 1971, as reported in a National Federation of Priests’ Counsels review, also found similar results. “The researchers report there is no evidence to suggest Catholic priests are any more or less deficient in emotional maturity when compared to both married and unmarried men of similar ages and education.” They based their findings on their study of 5,155 priests using the norms of the Personal Orientation Inventory.<sup>8</sup>

## Current Study

---

The 2,482 priests in my 2009 study were given a standardized test called the Brief Symptom Inventory 18 (BSI-18). With 18 individual items, it was developed as a “highly sensitive screen for psychiatric disorders and psychological integration.”<sup>9</sup> Our population of Catholic priests was compared to the BSI-18 community norm sample of 605 adult males. This is a nonclinical sample of males taken from the general community, similar to our sample of priests. Thus, the BSI-18 is particularly appropriate in our priest study precisely because it can be used with nonclinical samples and has norms for males.

The BSI-18 has four scales. The first scale is Somatization (SOM), which measures the presence of distress caused by bodily dysfunction. These dysfunctions are often present in somatized versions of anxiety and depression, and thus they can be an indicator of underlying psychological distress. For example, the symptoms may include faintness or dizziness, pains in the heart or chest, nausea or upset stomach, trouble getting one’s breath, numbness or tingling in parts of the body, and feeling weak in parts of the body.

The second scale is Depression (DEP) and looks for core symptoms of clinical depression such as feeling lonely, feeling blue, feeling no interest in things, feelings of worthlessness, feeling hopeless about the future, and thoughts of ending one’s life.

The third scale is Anxiety (ANX), which looks for the presence of symptoms most often associated with anxiety, including nervousness or shakiness inside, feeling tense or keyed up, suddenly scared for no reason, spells of terror or panic, feeling so restless one cannot sit still, and feeling fearful.

The Global Severity Index (GSI) is a summary of the previous three scales, which Leonard Derogatis, the author of the instrument, describes as “the single best indicator of the respondent’s overall emotional adjustment or psychopathologic status.”<sup>10</sup> The results for the BSI-18 are noted in table 4.1.

Table 4.1. BSI-18 pathology results

	Priests' median	Priests' mean	General male population
BSI somatization scale	48	48.89	50
BSI depression scale	45	48.95	50
BSI anxiety scale	47	47.48	50
BSI global severity index	48	49.11	50

Note: BSI scales are calibrated as T-scores. Thus the mean for the sample group of males is 50 with a standard deviation of 10. The priest sample median and mean responses were calculated by determining the T-score for each respondent and then, for the median, finding the middle T-score and, for the mean, adding up all the T-scores and dividing by the number of valid cases.

As the chart demonstrates, on all four measures of psychological health, the mean scores of the sample of priests are modestly lower than the norm sample of males. Thus the results suggest that priests, as a group, are slightly healthier and a bit less psychologically distressed than the general population of males. The mean scores between the priests and the norm sample were statistically compared using a one-sample T test, and the differences were all statistically significant ( $p < .001$ ). Therefore, the chances that this is a random finding are less than one in one thousand, and thus highly reliable.

T-scores of 45, 47, 48, and 49 are in the 31st, 38th, 42nd, and 46th percentile, respectively, with a score of 50 putting the person in the mean or 50th percentile. Thus, one could say that the mean priest score was slightly lower or "better" than the general population of males. Directly put, they score slightly psychologically healthier than their peers.

Derogatis noted, "Close to 80% of the psychiatric disorders that occur in community and medical populations are anxiety and depressive disorders with depression representing the most prevalent disorder in primary care."<sup>11</sup> Thus, using these scales should be good overall predictors of general mental health.

Nestor gave his sample of priests the SCL-90R, a similar test by Derogatis that also screens for psychopathology. This test is quite a bit longer, with ninety items measuring a broader range of psychopathology. There is a summary scale, also called the Global Severity Index (GSI). Again we see that, in Nestor's study, the priests scored less distressed than the general population. His mean score for the priests on

the SCL-90R GSI was 34.187. His control group of adult males' mean score on the GSI was considerably higher at 48.602.<sup>12</sup> Finally, it should be noted that the SCL-90R also uses T-scores; thus the norms are set at 50 with 10 points being one standard deviation. Therefore, the priests' scores were markedly better than the general population in Nestor's study, over one standard deviation below.

## Priests and Human Intimacy

---

Kennedy and Heckler said that priests, like their male lay counterparts, have difficulty with human intimacy, that is, close personal relationships. This was their clinical judgment based upon their subjective personal interviews. However, when priests were given objective psychological tests in Nestor's study, this judgment was not borne out. Nestor gave his sample of priests and the lay control group the Miller Social Intimacy Scale. His research results showed that "priests were more likely to enter into close relationships than their male peers. The priests experienced significantly higher levels of intimacy in their relationships than other men."<sup>13</sup>

This finding is supported by my 2009 study. A large percentage of the priests sampled reported having close personal relationships in which they share their problems and feelings. For example, 90.9% of the 2,482 priests agreed or strongly agreed that they "get emotional support from others"; 93.0% said they have "good lay friends who are an emotional support"; 87.6% said they have close priest friends; and 83.2% said they share "problems and feelings with close friends." Thus, a high percentage of priests reports having solid, close personal relationships both with other priests and with laity.

These close relationships no doubt contribute to the positive mental health of the priests. This is supported by the Pearson's *r* correlations reported in table 4.2. Each of these four questions regarding the presence of friendships was positively correlated with mental health. Thus, the BSI-18 GSI scale, as well as each of the individual pathology scales measuring anxiety, depression, and somatization, dropped significantly (thus there was a negative correlation) as the priests reported stronger