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Psychological Patterns Among Roman Catholic Clergy Accused of Sexual Misconduct

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A remarkable amount of international attention has focused on the sexual misconduct by Roman Catholic clergy in recent years. While the demographics and risk factor profiles of clergy sex offenders is now fairly well established, the psychological and personality profiles of these men are not. Very few empirical research studies have been published on the psychological and personality functioning of clergy who engage in sexual misconduct in the Catholic Church. The purpose of this study was to investigate the psychological profiles of 21 Roman Catholic clergy who have confronted credible accusations of sexual misconduct. Relative to national norms, MMPI-2 results suggest that these men tend to have profiles that were defensive, repressive, mistrustful, isolative, and irritable. Precautions and limitations of the current study, as well as implications for future research are offered.

Key Words: Priest, Pedophile, Catholic, Sexual Misconduct, Ephebophile

The Roman Catholic Church has experienced an incredible amount of unflattering attention in recent years concerning numerous stories of sexual abuse committed by clergy, as well as the mismanagement of many of these cases by bishops and other religious superiors

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(Boston Globe Investigative Staff, 2002; Goodstein, 2003; Plante, 2004). The much anticipated release of the February 2004 John Jay Report on clergy sexual abuse in the American Catholic Church stated that 4,392 priests (or 4% of the total) were alleged to have sexually victimized 10,667 children (mostly fondling teenage boys), during the past 52 years (John Jay College of Criminal Justice, 2004). The John Jay Report focused on sexual abuse of minors but not on sexual misconduct by Catholic clergy with adults. The report concluded that most of the abuse appeared to occur in the 1970's, with significant declines by the mid 1980's and 1990's. The John Jay Report findings were consistent with research and clinical practice guidelines from both treatment facilities and clinical researchers (Plante, 1999, 2004), as well as from recent comprehensive media reports (Boston Globe Investigative Staff, 2002; Goodstein, 2003).

Although the John Jay Report and media accounts of clergy sexual abuse in the Roman Catholic Church have well articulated the demographics and risk factors of these men who sexually abuse minors, very few published empirical studies have actually examined the psychological and personality profiles of these men. Robinson (1994) examined 30 Catholic clergy ephebophiles, 30 Catholic clergy pedophiles, 30 sexually compulsive Catholic clergy, and control subjects using a number of psychological assessment instruments. They found that sexually abusing clergy tended to have higher scores on MMPI-2 measures of depression (D), authority concerns (Pd), and addiction problems (APS) than the comparison groups. Rorschach results indicated that sex offending clergy experienced more affect constriction. Plante, Manuel, and Bryant (1996) examined MMPI-2, WAIS-R, and Halstead-Reitan neuropsychological testing results among 80 sex offending priests and 80 non-abusing priests hospitalized in a private psychiatric facility. They found that overcontrolled hostility (O-H) was the only reliable variable that predicted group membership such that sex offending priests scored significantly higher on

this variable than hospitalized non-sex offending priests. Research by Lothstein and colleagues reported that sex offending clergy are more likely to experience significant brain injury, such as soft neurological signs of brain dysfunction (Lothstein, 1999). Most other published reports have been speculative or theoretical rather than empirical in nature (e.g., Blanchard, 1991). Furthermore, quality empirical research on Catholic clergy sexual misconduct with adults is nonexistent at this time.

Although rather limited, current available research and clinical practice suggests that defensive coping, as well as cognitive dysfunction may play a significant role among Catholic clergy who sexually abuse minors (e.g., Blanchard, 1991; Haywood, 1994; Haywood, Kravitz, Grossman, & Wasyliw, 1996; Plante et al, 1996; Robinson, 1994). Overcontrolled hostility, repression, and cognitive impairment have been commonly found among sex offenders in general, and may prove to be common among the clergy sex offending population as well. The purpose of the present research study was to investigate the psychological profile of a group of 21 Catholic clergy experiencing credible accusations of sexual misconduct. The accusations include sexual misbehavior with both adults and children and that include priests, brothers, and men still in formation prior to final vows.

METHODS

Participants

Participants included 21 Catholic clergy referred for psychological assessment by their religious superior(s) following credible accusations of sexual misconduct (Mean age = 57.76 years, SD = 16.35, range 27 to 79 years). All admitted to sexual misbehavior. Of the 21 total participants, 15 were ordained priests, four were religious brothers, and two were still in formation prior to final vows. Five of the participants (24%) reported being a victim of sexual

abuse in the past while two (10%) reported being physically abused as a child. About half (i.e., 10 or 48%) of the participants reported being homosexual in orientation and claimed that they had dealt with significant sexual identification stressors. Ten (48%) also reported having a history of enduring major family stressors, such as significant family illness and death, witnessing stressful marital problems that in several cases resulted in abuse or violence, or had lived in poverty that increased family tensions. About a third of the participants (i.e., 7 or 33%) had been classified as having an affective disorder (usually major depression), while five (24%) reported an immediate family history of significant psychological or psychiatric disturbance. Five participants (24%) reported experiencing troubles with drug or alcohol abuse.

One (4.8%) clergy member was accused of sexually abusing a prepubescent child, ten (48%) were accused of abusing teenage boys, five (24%) were accused of sexually abusing adult men, four (19%) were accused of sexual misconduct with an adult women, and one (4.8%) was accused of inappropriate sexual behavior in public.

Measurements

The MMPI-2 (Hathaway & McKinley, 1989) is the most commonly used and researched psychological self-report measure available. It includes 567 true-false items that comprise 3 validity scales, 10 basic clinical scales, and over 50 supplementary and additional subscales. The most recent edition is normed on 1980 U.S. Census figures. The questionnaire is considered highly reliable and valid.

Procedure

The participants completed the MMPI-2 as well as a clinical interview following their credible accusation of sexual abuse. All test scores were converted to standard scores and entered

onto a computer using SPSS-X. In order to minimize Type I errors given the small sample size, only selected variables were used in the analysis.

RESULTS

Means and standard deviations for MMPI-2 scales are provided in Table 1.

Table 1

Standardized T-scores from the referred sexual abusing clergy were compared to national norms using mean T-scores of 50 and standard deviations of 10 (Hathaway & McKinley, 1989). A review of Table 1 indicates a variety of significant MMPI-2 findings when compared to these national norms. First, these clergy tend to be defensive with significant elevations on the MMPI-2 L (M = 57.29, SD = 9.16, $p < .001$), K (M = 57.38, SD = 9.87, $p < .001$), and R scales (M = 56.80, SD = 8.84, $p < .001$). Second, subjects tend to score high on mistrust of others [PA (M = 55.86, SD = 12.46, $p < .05$)] and unusual or idiosyncratic thinking [SC (M = 55.29, SD = 6.94, $p < .001$)]. Curiously, participants tend to score high on social responsibility (Scale RE: M = 56.28, SD = 7.83, $p < .001$). Fourth, these clergy members tend to be withdrawn, lack energy, and avoid others with elevated scores on the D2 (Psychomotor Retardation) scale (M = 56.11, SD = 6.74, $p < .05$). Fifth, they also tend to inhibit aggression with elevated scores on the HY5 scale (M = 58.00, SD = 10.87, $p < .05$). Sixth, these men tend to be inpatient, irritable, and experience little concern for others evidenced by higher scores on the MA3 scale (M = 59.00, SD = 12.00, $p < .05$).

Finally, subjects tend to show significantly low scores on a wide variety of additional clinical measures (such as addiction problems and antisocial practices), as compared to national norms [Mac-R Scale (M = 46.10, SD = 7.04, $p < .01$), APS (M = 39.20, SD = 7.35, $p < .001$), and ASP (M = 41.63, SD =5.78, $p < .001$)]. Low scores on obsessions (Scale OBS: M = 43.74,

SD = 9.76, p < .01), anger (Scale ANG: M = 44.05, SD = 8.29, p < .01), cynicism (Scale CYN: M = 44.17, SD = 9.90, p < .01), and Type A behavior (Scale TPA: M = 43.47, SD = 8.60, p < .001) were also found.

Given the large number of statistically significant findings relative to national norms, it is important to highlight the most elevated findings that may be more clinically significant. For example, the highest mean elevations with scaled scores closest to 60 included measures of defensiveness (K & L Scales), the HY5 (inhibition of aggression) and MA3 (imperturbability) Scales of the MMPI-2. Examining scores above 65, which the MMPI-2 developers consider clinically significant, found that the most frequent scores that were above 65 were found on the defensive measures of the MMPI-2 such as the L scale (occurring among 6 of the 21 participants representing 29% of the group) and the K scale (occurring among 4 of the 21 clergy representing 19% of the group). A composite MMPI-2 profile can be found in Figure 1.

DISCUSSION

Results from this study suggest that these Catholic clergy, with credible accusations of sexual misconduct, tended to have MMPI-2 profiles that reflected being defensive, repressive, mistrustful, isolative, irritable, and minimize hostility. Unlike several earlier studies (Plante et al, 1996; Robinson, 1994), the clergy in this study did not score significantly higher on the overcontrolled hostility or addiction dimensions of the MMPI-2. Overall, this profile pattern suggests that these men tended to be angry and resentful, felt misunderstood, lacked energy, denied hostility, were impatient, and may have had little concern for the values and attitudes of others. They, however, did report a somewhat higher degree of social responsibility relative to national norms and curiously, did not appear to experience elevations on a wide variety of

clinical scales such as depression, anxiety, obsessions, anger, low self-esteem, addictions, or family and work problems.

Material collected from the clinical interview and demographic information suggested that these men often experienced tumultuous family and personal backgrounds; with a sizable number reporting a history of affective or other psychiatric disturbances among themselves or family members, as well as a history of either sexual or physical abuse.

The results from this study must be viewed very cautiously due to a variety of important methodological issues. First and foremost, the sample included only 21 participants. Due to this modest sample size, we could not do separate or comparative analyses among those who engaged in sexual misconduct with minors versus adults, or those who abused prepubescent versus postpubescent children. We also could not separately examine priests versus religious brothers or men still in formation. Grouping all 21 men who engaged in sexual misconduct into one sample has a variety of disadvantages. For example, there are likely to be numerous differences among clergy who target different types of victims based on age and gender (Plante, 2004).

Second, many of our MMPI-2 results may be an artifact of the evaluation situation. These men were all compelled to participate in a psychological evaluation following credible accusations of sexual misconduct. They did generally not seek for, or welcome the evaluation or subsequent treatment, but were encouraged or ordered to do so by their religious superior(s). Furthermore, many were vulnerable to legal prosecution. Their defensive position, mistrust, isolative manner and so forth, may be a by-product of their distress about being found out, and being required to submit to a psychological evaluation.

Third, only selected relevant MMPI-2 data were utilized in this study due to concerns regarding Type I errors. Even with the selected MMPI-2 variables utilized based on the findings of previous research, the many analyses given the modest sample size suggests that statistically significant results may be a result of too many analyses, and thus the findings may not have important clinical relevance.

Fourth, important additional and in depth information from patient histories or other psychological testing measures were not available and utilized in the current study. For example, consistent with other reports such as the John Jay study (2004) among others (Plante, 1999, 2004), a sizeable number of clergy offenders in our study chose teenage boys as their victims (i.e., 15 of the 21 clergy) and half of our sample reported being homosexual in orientation. It is unclear from our study how sexual orientation, impulse control problems, psychopathology, victim access, and other factors converge to contribute to a high frequency of teenage boys being victimized.

Future research may wish to take these important issues into consideration. For example, in follow up to the John Jay Report (2004), it is necessary to better evaluate and study a large number of clergy engaging in sexual misconduct with adults as well as children. On going collaborative research is needed to better understand the factors that contribute to sexual misconduct by priests and other Catholic clergy. In many ways, sexual abusing clergy are a distinct population, and so the extensive literature concerning general sexual offenders may be of limited value in understanding factors associated with sexual abuse by clergy. A deeper comprehension of the personality and psychological profiles associated with sexual misconduct among Catholic clergy may result in a much better understanding of sexual victimization perpetrated by these men, and allow for better ways to prevent such behavior. Furthermore,

additional research provides the opportunity to both develop better treatment programs and to cultivate more sophisticated and reliable screening measures to prevent these individuals from entering religious life, or to minimize their work with children and vulnerable adults.

Table 1. Means and standard deviations for MMPI-2 scores

Validity Measures	Means	Standard Deviations
L	57.29	(9.16) *** ^
F	47.48	(7.74)
K	57.38	(9.87)*** ^
Clinical Scales		
Hs	53.43	(8.43)
D	51.14	(10.69)
Hy	53.71	(8.24)*
Pd	50.67	(7.62)
Mf	53.57	(11.64)
Pa	55.86	(12.46)*^
Pt	54.33	(8.98)*
Sc	55.29	(6.94)***^
Ma	47.67	(8.03)
Si	50.48	(12.62)

Selected Supplementary and Content Scales

A	46.60	(10.91)
R	56.80	(8.84)*** ^
Es	49.42	(9.78)
Mac-R	46.10	(7.04)**
APS	39.20	(7.35)***
OH	53.66	(15.74)
Re	56.28	(7.83)***^
D2	56.11	(6.74)*
HY5	58.00	(10.87)*
MA3	59.00	(12.00)*
ANX	47.89	(9.76)
FRS	54.11	(12.29)
OBS	43.74	(9.76)**
DEP	47.55	(11.78)
ANG	44.05	(8.29)**
CYN	44.17	(9.90)**
ASP	41.63	(5.78)***
TPA	43.47	(8.60)***
LSE	48.45	(12.12)
SOD	53.05	(13.68)
FAM	45.00	(9.16)*
WRK	45.37	(11.32)

* $p < .05$

** $p < .01$

*** $p < .001$

^ most significant elevations above 55

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Figure 1. MMPI Composite Profile