Journal of Prevention & Intervention in the Community
Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/wpic20

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Patrick J. McDevitt [a]
[a] President, All Hallows College , Dublin , Ireland
Published online: 13 Jun 2012.

To cite this article: Patrick J. McDevitt (2012) Sexual and Intimacy Health of Roman Catholic Priests, Journal of Prevention & Intervention in the Community, 40:3, 208-218, DOI: 10.1080/10852352.2012.680413

To link to this article: http://dx.doi.org/10.1080/10852352.2012.680413

Journal of Prevention & Intervention in the Community, 40:208–218, 2012

ISSN: 1085-2352 print/1540-7330 online
DOI: 10.1080/10852352.2012.680413

Sexual and Intimacy Health of Roman Catholic Priests

PATRICK J. McDEVITT
President, All Hallows College, Dublin, Ireland

This study explores the sexual experiences and sexual health of Roman Catholic priests. The qualitative research design looked at priests' responses to the question, "Please share one or more sexual experiences in your lifetime." The qualitative responses were analyzed and categorized into seven groupings: (a) Childhood and adolescent homosexual experiences; (b) Childhood and adolescent heterosexual experiences; (c) Both homosexual and heterosexual childhood and adolescent experiences; (d) Adult sexual experiences before ordination to the priesthood; (e) Adult sexual experiences since ordination to the priesthood; (f) Masturbation; and (g) Other sexual experiences. The data were analyzed by frequency of responses and percentages within each of the seven categories. The results indicate the need for early intervention and education during seminary, ongoing education after ordination, and psychotherapy support for priests.

KEYWORDS disclosure, intimacy, intimacy health, priests, psychotherapy, sexual health, sexuality

Healthy sexual intimacy refers to the strength of relational closeness between persons. Closeness refers to the emotional component of relationships, and can be sexual, social, intellectual, and recreational. It can also be achieved through friendship, kinship, and belonging to an institution (Popovic, 2005). Moreover, healthy close and intimate relationships possess the qualities of intensity, strength, and exclusivity among partners (Bershcheid, Snyder, & Omoto, 1989; Slowinski, 2007). The end product of intimacy includes emotional satisfaction, physical expression, intellectual engagement, the sharing

Address correspondence to Patrick J. McDevitt, Grace Park Road, Drumcondra, Dublin 9, Ireland. E-mail: pmcdevitt@allhallows.ie

of recreational interests, and the promotion of wider social networks beyond the couple relationship (Crowe & Ridley, 1990; Mills & Turnbull, 2004; Popovic, 2005; Schaefer & Olson, 1981). Research indicates that satisfying intimate relationships are associated with health, happiness, and sense of meaning in life (Sarason, Sarason, Shearin, & Pierce, 1987; Schaefer & Olson, 1981). Furthermore, satisfying intimate relationships have been associated with lower levels of risky sexual behaviors (Lam, Morrison, & Simeesters, 2009). Lack of intimacy has also been associated with poor stress response, depression, loneliness, psychosomatic symptoms, substance abuse, and a sense of failure (Miller & Lefcourt, 1982).

Sexual intimacy health includes promoting the positive value of sex, realistic expectations, and integrating sex into one's real life. According to Slowinski (2007), sexual health is often hindered by negative attitudes about sexuality within some religious traditions. The negative view of one's sexuality is often the result of inadequate knowledge of sexuality and religious teachings. Doehring (1994) describes the importance of language and culture in shaping our sexual and spiritual well-being. In order for our sexuality to be healthy, it needs to have a life-giving language of freedom, beauty, and creativity (Slowinski, 2007). Unhealthy sexuality is often coercive, exploitative, pornographic, and merely technical. The human gratification of various needs of sharing, having fun, procreating, relating, and sexual desire are crucial to people's happiness, functioning, sense of meaning in life, and health. By contrast, unmet sexual needs, the lack of closeness, or unwanted sexual experiences are detrimental to psychological and sexual functioning, and can lead to sexual disorders.

There are gender differences between men and women regarding sexuality and intimacy. For example, the male sexual instinct focuses upon social and sexual territories, and concern with the male's own survival. In contrast, women are less concerned about individual survival, but are more concerned with the survival of the human race (Popovic, 2005). Men and women have different reproductive strategies. For example, men are more focused on physical sexual intimacy and complain when they experience a lack of sexual intimacy. They also have higher sex drives, report more sexual partners, thoughts, masturbation, homosexual and adulterous experiences than women (Popovic, 2005). Males are often characterized as more pleasure-seeking and interested in fantasy and pornography. Men often gain their attractiveness to dating and intimacy through what they do, while women rely on who they are (McCarthy & Metz, 2010). Men show a greater preference than women for casual sex, cybersex, and multiple partners (Baumeister, Catanese, & Vohs, 2001; Lalumière, Chalmers, Quinsey, & Seto, 1996).

The structures of mandatory clerical celibacy in the Roman Catholic Church can facilitate sexual misconduct and abuse of authority while priests attempt to get their sexual, emotional, and companionship needs met (Anderson, 2007). According to Walker (2004), only 2% of all priests actually

achieve absolute celibacy with 10% engaging in long-term sexual relationships with men, and 20% with women. Sipe (1995) estimated 50% of vowed celibates live non-celibate lifestyles with long-term or short-term relationships and life-long committed partners. Many young men are encouraged to enter priesthood before they have experienced any sexual intimacy. As a result, many priests have arrested development in the areas of intimacy and sexuality. Clerical celibacy stems from the belief that Jesus was celibate. Jesus is depicted as someone who perfectly controlled his sexual impulses. According to the teaching of the Catholic Church, the virtue of celibacy is also reflected in the lives of Mary and Joseph as the Holy Family and Jesus' Apostles. However, biblical teaching views the full meaning and purpose of sexuality as something beyond physiology to include intimacy and communion with the Divine Being and other human beings (Doehring, 1994; Kwee & Hoover, 2008).

The utilization of contemporary psychosocial supports and mental health services can improve the sexual and intimacy health of priests. Fones, Levine, Althof, and Risen (1999) compared the initial evaluation of Roman Catholic priests undergoing psychotherapy for sexual issues to a follow-up evaluation six years later. The initial evaluation showed four main issues that clergymen dealt with: loneliness; isolation from other people's intimate knowledge of them; the sense that they were missing out on sexual intimacy, which is one of life's greatest pleasures; and pain over the inability to cease masturbation. The problematic sexual behavior of both homosexual and heterosexual priests involved anonymous sex, attempts to begin a romantic relationship, rebellious sexual relationships with gay men, compulsive use of pornography and sexual contact with a parishioner, and falling in love with a woman who sought guidance (Fones et al., 1999). However, the follow-up assessment showed that priests experienced psychotherapy as a positive experience that allowed them to discuss issues of sexuality and church expectations, and that provided them with psychological intimacy (Fones et al., 1999).

The importance of this research is to better understand the range of sexual experiences of Roman Catholic priests both before and after entering the priesthood. Given the absolute expectations of celibacy, such information has seldom been reported. However, it is important for priests themselves to know to normalize and appropriately integrate their sexual experiences. Moreover, it is crucial for therapists, bishops, and other religious leaders to know the sexual struggles and challenges priests face in their lives and include ways to support priests in sexual intimacy health.

METHOD

The participants in this study were part of a larger (2000) study of Roman Catholic priests who were active in ministry and considered in good standing

in the Church. The priests in the study were either affiliated with a diocese (a diocese is a geographical territory defining a local church with a presiding bishop). Priests ordained to serve in a diocese are commonly referred to as "diocesan priests." Priests ordained to serve in religious congregations (i.e., Jesuits, Franciscans, Vincentians, etc.) are referred to as "religious priests." In the study, eight dioceses and two religious congregations agreed to have their priests surveyed. The priests from the two religious congregations came from various places throughout the United States. Among the diocesan priests, two dioceses were from the west, two from the midwest, two from the northeast, and two from the southeast. The study followed ethical protocols for survey research and received Institutional Review Board (IRB) approval.

Surveys were mailed to 900 randomly selected priests from participating dioceses and religious congregations. There were 484 priests who returned the survey, for a response rate of 55%. The survey included one optional open-ended item asking priests, "Please share one or more sexual experiences in your lifetime." One hundred forty-six priests responded to this open-ended question, for a total response rate of 16.2%.

The qualitative responses were coded into seven a priori categories: (a) Childhood and adolescent homosexual experiences; (b) Childhood and adolescent heterosexual experiences; (c) Both homosexual and heterosexual childhood and adolescent experiences; (d) Adult sexual experiences before ordination to the priesthood; (e) Adult sexual experiences since ordination to the priesthood; (f) Masturbation; and (g) Other sexual experiences. The seven a priori categories were formulated out of the general themes of the survey responses. The categories are not mutually exclusive and some of the respondents are represented in more than one grouping. The frequency of responses and percentages for each of the seven categories were calculated.

RESULTS

Of the 146 respondents, 145 self-reported being celibate priests and one priest was married.

The respondents, on the average, were 60 years old, $SD=12.81$, ranging from 28 to 95 years old. The average years ordained were 30 years, $SD=13.84$, ranging from 1 to 65 years. The mean age of entrance into the seminary was 20 years ranging from 12 to 58 years old. Most respondents were European American (91%) and held at least a master's level degree (76%). A majority of the respondents (59%) worked in parish ministry, 17% worked in education ministry, and 8% worked in hospital chaplaincy. Among the priests, 96% reported having good family support for their vocation, 62% stated they came from affectionate families, 40% reported coming from families suffering from substance abuse or dependency, and 14% reported a family history of

mental illness. Furthermore, 11% of the respondents reported a history of substance abuse or dependency, and 4% reported one or more mental health diagnoses.

Almost half of the priests (48%) described homosexual experiences during childhood and/or adolescence (e.g., One respondent writes, "the sexual experiences took place when I was 17 and involved someone 2 years older, was a case of mutual consent, and involved mutual masturbation and oral sex, but with little or no kissing. He was bisexual; I am gay." Another respondent reports, "At age 16 or 17 had sexual experiences with anal intercourse, oral sex, kissing. It began with him taking his clothes off in front of me, asking about my sex life. I think we had sexual encounters over a year or longer."), 32% reported heterosexual experiences during childhood and/or adolescence (e.g., Respondent writes, "Regularly had pre-puberty sex with girls, accompanied by one or more male friends."), and 6% reported both homosexual and heterosexual experiences in childhood and/or adolescence (see Table 1). And, 30% of the priest respondents said that masturbation was their only sexual experience. The "other experiences" (6%) included engaging in random and anonymous sexual behavior with multiple partners, having persistent sexual fantasies about young teens, and having sex with animals. The majority of the priests (86%) reported sexual experiences either occurring during childhood and/or adolescence; 15% of the priests reported sexual experiences occurring within their adulthood; and 14% of the priests reported never having any sexual experiences in their lifetime.

DISCUSSION

In the last two decades, there has been an increase in Roman Catholic publications attempting to address celibacy, sexuality, homosexuality, and clergy pedophilia. Moreover, the childhood sexual abuse scandal and other sexual misconduct issues of priests in the Roman Catholic Church have given new attention to the sexual and intimacy needs of priests. In doing so, the heightened attention of sexuality in the priesthood has challenged many longstanding values such as mandatory celibacy. Moreover, the response of the

TABLE 1 Frequencies of Sexual Experiences Groupings

Seven a priori categories	*n*	Percentage
Childhood/adolescent homosexual experiences	70	48
Childhood/adolescent heterosexual experiences	22	32
Both homosexual and heterosexual in childhood/adolescence	8	6
Adult sexual experiences before priesthood	8	6
Adult sexual experiences since priesthood	6	9
Masturbation	43	30
Other experiences	4	6
Total	161	

scandal by authorities in the Roman Catholic Church brought changes to long-held sacred practices, that is, the code of silence, which keeps priests from talking about any sexual issues, and instituted policies to insure safety for children and healthier relational boundaries for priests. In many ways, the sexual scandal in the church has impelled new conversations among priests, church members, and researchers that priests are in fact human and they face incredible challenges addressing their intimacy needs. These challenges are compounded by the realities of aging priests, the small numbers of younger men entering the priesthood, and the forever changing sociological and political landscapes in contemporary society.

The qualitative responses of the priest respondents in this study did not provide much narrative information. Few respondents shared their sexual experiences in complete sentences or well-developed paragraphs giving any details of their sexual accounts. In fact, most of the respondents offered one to several word responses, or short sentences (i.e., "masturbation"); "When in my 20s, I had sexual encounters with 3 women"; "17 & 18 years old heavy kissing and petting with one girl who was considered a 'steady.'" However, in contrast, the married priest respondent provided the most narrative and descriptive information about his sexual experiences with his wife. The required celibacy of priests makes it challenging to gather data and assess the sexual health of priests and the lack of adult intimate sexual relationships. The data suggest that priests are either reluctant to self-report, lack sexual experiences, are sexually underdeveloped, and/or are sexually dissatisfied with their intimate lives.

Celibate priests have limited and restricted intimate companions to process the normal stresses of their humanity, such as aging, relationships, and sexuality. Yet, priests are challenged with the same psychological challenges as other adult males in regards to sexual development. Priests have the same need for understanding, healing, and therapeutic support as males in the general population. However, priests may find it even more difficult than other males to seek help for sexual struggles because of their public ministerial roles as pastors and moral leaders. One priest respondent shared his personal feelings of distrust about seeking psychological help when he wrote, "I do not consider myself paranoid, but I would not want anyone in the offices of my diocese aware that I am seeking psychological help of any kind. I think that I could benefit from it, but cannot afford the cost and will not risk any form of disclosure."

Strategies for Individual Interventions

The pastoral approach to counseling priests can offer a safe and familiar forum for priests to disclose and work through the development challenges of sexuality and intimacy. Pastoral counseling recognizes that spirituality and religion contribute significantly to the emotional and psychological healing

of people. Grant (1994) studied ministers facing sexual challenges and found that ministers frequently turned to God for support, acceptance, and forgiveness. Therefore, pastoral counseling can allow priests to use the language of prayer, theology, and faith to help resolve unhealthy and crippling sexual issues. Dorothy Soelle, a German feminist theologian (as cited in Richard, 1992), states that the first step toward transformation is finding an adequate language to express suffering. Without the ability to speak of one's suffering to other people, there is no hope of change. Pastoral counseling can help give priests the language to speak of sexual needs, problems, and fears.

Strategies for Institutional Interventions

Several of the priests volunteered recommendations for the Church to better address priests' sexual and emotional lives. The overall comments spoke to the Church needing to respond with care and compassion and promote a greater sense of trust around sexual issues. For example, one priest wrote, "I would hope that an atmosphere of candor and compassion within church circles could give priests confidence to get help. It sometimes is perceived that our gothic-fortress mentality about sexual experiences forbids our being trusted with disclosures that are painful and apt to bring down official scorn. We need to promote an atmosphere of trust." Also, many of the priests felt that a greater acknowledgment by the Roman Catholic Church of issues of sexuality would assist in the healing process. A priest noted, "The Church has to educate itself first and facing the truth makes people free." Another priest wrote, "The Church (Bishops) need to be more open in dealing with sexuality and their priests. They must also admit we have our problems." And still another respondent stated, "I think the first thing the Church—Pope, Bishops, and Clergy (priest to priest) has to do is admit a problem! You don't get anywhere by constantly pushing it under the carpet or paying off people."

Strategies for Prevention

Seminary training and education in the past fostered the culture of silence. Priests educated prior to the Second Vatican Council in the early 1960s did not learn to address issues of sexuality, intimacy, relationships, or human development. Seminary education 40 years ago primarily focused on the academic learning of Latin, philosophy, and theology. The pedagogy of seminary education did not encourage introspection, self-disclosure, and personal process. The unspoken goal of seminary education in the past was conformity to the rules and customs of clerical culture. In addition, seminarians and priests did not utilize psychological resources such as psychotherapy and psychotropic medications because these resources were not as well advanced or readily available as they are today.

However, in the last 25 years, seminary training has incorporated more psychological and human development principles that might account for younger priests utilizing forums of spiritual direction and counseling to disclose personal issues. Contrary to seminary programs in the past, seminaries today require field experiences, internships, Clinical Pastoral Education in hospitals, and counseling courses. Yet, seminary programs need to be more intentional in developing environments that encourage future priests to find healthy arenas for exploring their sexuality, disclosing painful life experiences, integrating the brokenness, and learning to lead more intimate, empathic, and healthier lives. In order to cultivate such environments, those responsible for training future priests should directly address the realities of the sexual and intimacy challenges facing priests today, along with the symptoms of repression and dissociation often utilized in celibacy to manage sexual needs. The ability to disclose and work through sexual issues is a skill that can be acquired through normative programs of human development workshops, counseling, spiritual direction, supervision, journaling, and group process. Unless priests can get the repression of their needs, pain, and shame of sexuality outside themselves through therapeutic talk and supportive environments, they will continue the cycle of suffering, isolation, and sexual misconduct.

Programs for men already ordained to the priesthood, known as "Programs for Ongoing Formation," also need to be intentional in establishing safe environments for priests to talk about their sexual experiences both before and after ordination to the priesthood. Foremost, dioceses and religious congregations should have dynamic and well-funded programs for the ongoing formation of priests. These programs need to specifically target the issues of intimacy, burnout, morale, motivation, and professional renewal. The program content should be pragmatic and behavioral-based, rather than theoretical, using their own personal experiences in responding to crises and cultivating growth. Moreover, programs should emphasize the responsibility and obligation that priests have for facing their personal truths and needs. Priests need to be clear about the dire consequences and dangers for themselves and their careers in choosing to ignore and deny their relational and sexual crises. Ongoing formation programs can help develop mechanisms for keeping priests accountable to themselves and others for regular use of spiritual direction. Lastly, programs for ongoing formation need to encourage and make available the use of psychotherapy and pastoral counseling as safe places for priests to receive preventative care and good emotional and psychological care.

There are several limitations of the study. First, the data for the study came from archival, qualitative data that was gathered as a secondary point of interest in a previous study of priests. Second, there is a limitation in having only one open-ended question that asks, "What are your sexual experiences?" Unfortunately, there were no developed follow-up questions to

acquire more information about priests' reported sexual experiences. Finally, the response rate to this open-ended question was low.

Future research is needed to provide more data on the current sexual practices of priests, including the different sexual experiences between homosexual and heterosexual priests, among age groups, among priests who entered young and those who entered later in life, priests seeking therapy and those not seeking therapy, and between celibate and married priests.

Future research on sexual health of priests should create interventions for priests using models of sexual health that promote integration and healthy relationships. One such model is the "Good-Enough Sex" model. Good-Enough Sex is an integrative perspective to evaluate sexual performance on the grounds of quality and personal satisfaction (McCarthy & Metz, 2008). The model promotes sexual health and an approach to counseling which is straightforward, constructive, and developmental for growing in appreciation of the value of sex in relationships. The model focuses primarily on intimacy and realistic expectations within relationships (McCarthy & Metz, 2007). The purpose and promise of sexuality is human relationship with all of the intimacy, joy, sharing of pain and pleasure, mutuality of purpose, conflict and companionship, and procreation (Stuhr, 1995). It is sexuality that moves human beings into ever deeper levels of relationships, well-being, and wholeness (Stuhr, 1995). The Good-Enough Sex model pays special attention to developing comfortable and functional psychosexual skills (McCarthy & Metz, 2008). The Good-Enough Sex model outlines 12 essential principles for achieving effective interpersonal/intimate relationships and sexual satisfaction. The general overarching themes of the 12 essential principles center upon having a positive and open attitude toward sex, being age appropriate with sexual expectations, and being able to integrate sex within the context of relationship.

CONCLUSION

The Catholic Church has been embroiled in public scandals and crises concerning sexual misconduct of one kind or another for the last 25 years. Although there is a need for systemic institutional change, it is imperative to reach out and help individual priests who are dedicated servants of God live healthier intimate lives. The successful working through of the developmental challenges of intimacy and sexuality facing priests can help them enjoy the fruits of their labors as they age. However, the dangers of not facing these challenges can leave priests feeling hopeless, despairing, and angry. This is a loss and tragedy that the Catholic community and world cannot afford. Further research and the development of effective interventions can usher in a new era of opportunities and new life for both priests and the Catholic Church.

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