

Congregants' Responses to Clergy Pornography Addiction

by

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A Dissertation

In

MARRIAGE AND FAMILY THERAPY

Submitted to the Graduate Faculty
of Texas Tech University in
Partial Fulfillment of
the Requirements for
the Degree of

DOCTOR OF PHILOSOPHY

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May 2008

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ACKNOWLEDGMENTS

I owe many thanks to numerous individuals who have supported and encouraged me over the past six years of graduate work and, specifically, through the dissertation process. I would like to thank Dr. Jackie Halstead at Abilene Christian University who encouraged me to begin this doctoral journey in the first place. My colleagues at Lubbock Christian University have been amazingly understanding and supportive of my efforts to complete this document. Thanks to Dr. Michael Hardin and Dr. Jesse Long who “protected” me and “ran interference” in order to maximize my writing time. Multiple friends have buoyed me throughout my graduate work. A special thanks goes to Kirsten, Jason, Kellie, and Lucas, who showed particular interest in my work, fed me countless meals, provided bundles of laughter, and reminded me through their love that life does not consist of the accomplishments we make but of the relationships we form.

I owe great thanks to my advisor and committee chair, Dr. Steven M. Harris, without whose support I might be a doctoral drop-out still contemplating whether or not I should be a therapist. I do not have words to express how significant you were to my growth as a therapist and as an academician. Thank you for your candid feedback, your encouragement, and your gift of genuine relationship. I count myself blessed to have you as a mentor, a colleague, and as a friend.

A tremendous thanks must go to Mom, Dad, Lauren, and Lindsey who each contributed to the completion of “the book report.” I cannot imagine any other family who would be willing to take on a dissertation as a group project. Thank you for every time you traveled to cook my dinner, clean my house, shop for my groceries, and keep me company so that I could write. Thank you for the silly nicknames and funny jokes, the practical support, and your constant prayers. I never would have made it to this point in life without your love.

Most importantly, I’m thankful to God who sustains me through all seasons of life. I’m grateful for the privilege of such an education and for your constant provision –

intellectually, spiritually, physically, and relationally – throughout this process. I pray that I honor you in the ways I use the gifts you have given.

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ABSTRACT

Pornography addiction has been identified as a form of sexual addiction and, although no solid prevalence rates exist, it is believed to be one of the most common forms of sexual addiction among clergy. Even though pornography addiction involves no direct offense against others, congregants are considered *secondary victims* of clergy's sexual difficulties. This is supported by bioecological and systems theories which assume that individuals (clergy) are impacted by and have an influence on the systems and contexts in which they operate (church congregations). Despite this, no empirical investigations on congregants' reactions to clergy pornography addiction exist. This is an exploratory study designed to gain initial information regarding congregants' judgments and beliefs about clergy addicted to pornography.

This study involved 233 surveys from undergraduate students at a private Christian university. Participants were surveyed about their perceptions of the character of clergy with no addictions, pornography addiction, and alcohol addiction. Their beliefs about how the clergy member should respond to the addiction and how the congregation should respond to the clergy member's situation were also assessed. Results suggest that congregants give clergy with addiction lower trait ratings than those without addiction. However, they do not judge the character of clergy with pornography addiction more harshly than those with alcohol addiction. Surprisingly, participants rated married clergy more highly than single clergy on scales of character traits regardless of the presence of addiction.

In addition, congregants believed clergy with both types of addiction should disclose their struggle to another person and receive professional help. They did not believe the addiction should be disclosed to the entire congregation, nor did they think the congregation's funds should be used to help pay for professional treatment. Participants believed the cleric's ability to do his job would be affected by his addiction, but did not think he should be removed from his position. These beliefs did not differ between types of addiction, as hypothesized.

The study has several implications. Participants' willingness to remain under the leadership of clergy with addictions may provide a sense of acceptance for clergy dealing with shame from their addiction and provide opportunities for open dialogue. This conversation, however, may be mitigated by congregants' reluctance to have the addiction disclosed to the congregation. Thus systemically trained mental health professionals may play a vital role in facilitating healthy discussion among congregations affected by clergy pornography addiction. Further conclusions and implications of this study are given.

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CHAPTER I

Introduction

In 1977 Uri Bronfenbrenner introduced his ecological theory of human development. A few years later Patrick Carnes (1984) introduced the concept of sexual addiction to the world. Both of these ideas came much later than Bertalanffy's *general systems theory* (1934, 1968) or the beginning of addiction movement (e.g. Alcoholic Anonymous, 1935), yet in time the study of addiction, theories of human development, and general systems theory became intertwined. According to Bronfenbrenner's theory (2001), all humans think, behave, and relate within multiple contextual layers (microsystems, mesosystems, exosystems, and macrosystems). Thus any consideration of individual addiction must also take into account the context in which the individual operates. In addition, just as the individual is connected to his environment, the systems within that environment are also impacted by the individual. According to the premises of general systems theory (1968), individuals are complete systems that also interact with other systems, even functioning as subsystems within larger organizations. Their actions influence the other systems with which they interact.

This study is not an examination of individual addictive behavior per se, however the premise of the research is based upon assumptions of Bronfenbrenner's (2001) bioecological theory and von Bertalanffy's (1968) general systems theory. While clergy suffering from sexual addiction have received attention in recent years, one of the primary systems and contexts in which these individuals interact – the church congregation – has not received the same attention. This study is an exploratory study

designed to provide initial information regarding the responses of church members to clergy pornography addiction.

The topic of impaired professionals is one that has generated great interest for many years. Nearly 35 years ago the American Medical Association Council on Mental Health (1973) recognized that many physicians were unable to provide adequate care for their patients due to impairments. However, impairment in professionals is not limited to physical care providers. Literature addresses difficulties faced by a variety of professionals such as attorneys, pilots, psychologists, and clergy (e.g. Coombs, 1997; Deitz & Johnson, 1991; Sweeney, Myers, & Molea, 2004; Von Stroh & Mines, 1995). The term *impaired professional* is a broad term which encompasses multiple conditions that impede professionals' ability to adequately provide services. As described by the American Medical Association Council on Mental Health, impairment may be considered "the inability to practice medicine with reasonable skill and safety" due to physical or mental disabilities including illness, age-related deterioration, loss of motor skill or abuse of drugs or alcohol (p. 686). Laliotis and Grayson (1985) determine impairment to be "interference in professional functioning due to chemical dependency, mental illness, or personal conflict" (p. 85). Walzer (1990) expands on this by explaining that "notable distraction or dysfunction secondary to unremitting situation crisis, such as marital or financial stress, also would qualify where professional skills, conduct or responsibilities are compromised" (p. 131).

One form of professional impairment that falls within these broad definitions and which has garnered much attention is addiction. For example, behavioral addictions such

as gambling have been found to have a higher prevalence in substance abuse counselors than in the general population (Weinstock, Armentano, Petry, 2006). Additionally, physicians have higher rates of legal and illegal drugs use than does the general public (Gold, Gres, & Frost-Pineda, 2006). Among professionals, attorneys have greater numbers of co-occurring psychiatric disorders and substance abuse difficulties than many other professionals (Sweeney, Myers, & Molea, 2004). Moreover, despite their often lauded positions, clergy suffer from various addictions. For example, although we do not know whether sex addiction is *more* prevalent among Christian clergy than in the general population we do know that it exists across denominational lines (Earle, 1994; Sipe, 1994). Its presence is another reminder that even individuals in helping professions often need assistance.

Clergy Impaired by Addiction

The problem of impaired clergy has received attention only in limited areas. There is little or no data on the number of overall clergy impaired by addictions. This lack of information creates a gap for professionals or laypersons who wish to assist clergy with problems associated with ministerial occupations. Clergy have unique positions in that they often have large amounts of unstructured time and little accountability (Laaser & Gregoire, 2003). In addition, job pressures and demands placed upon clergy are distinct from other professions as they commonly require clergy to be available at irregular hours and willing to attend to the personal needs of their congregants, such as counseling. Clergy are often looked to by congregants for answers and direction in their lives. Von Stroh and Mines (1995) point out that because clergy are generally considered

experts in what is moral and ethical, people may assume that they will have higher standards of behavior in their personal and professional lives. Clergy may even expect this of themselves. The combination of leadership roles and intimate involvement in the personal lives of their parishioners sets the stage for impaired clergy to potentially damage not only their own lives, but also those of their family members and congregants. In addition, the clergy's denomination and or congregation may suffer from detrimental public relations, loss of income, and increased liability due to litigation (Von Stroh & Mines, 1995).

The topic of impaired clergy has generally been discussed in relation to sexual addiction. The concept of sexual addiction was introduced in the early 1980's through Patrick Carnes (1983). Debate circulated as to whether sexual addiction actually existed and, if so, how it should be termed (Carnes, 1996). Although complete consensus has not been reached, sexual addiction is one of the most frequently used terms to describe problematic sexual behavior (Carnes, 2001; Goodman, 2001; Schneider, 2004). Multiple articles and books addressing the subject of sexual addiction in clergy have appeared in recent years (e.g. Davies, 2003; Irons & Laaser, 1994; Laaser, 1991; Laaser, 2003; Laaser & Adams, 1997). Most of these have addressed sexual exploitation and abuse of children or other vulnerable persons by clergy. This attention has likely been spurred by multiple allegations which surfaced in recent years regarding clergy abuse of parishioners (e.g. Abuse, 2004; Baptists, 2007; Brady-Lunny, 2007). However, forms of sexual addiction may vary (Carnes, 2001) and do not always include exploitive or abusive behavior (Friberg & Laaser, 1998).

Clergy and Pornography Addiction

Recently, some authors have begun to address the problem of pornography addiction in clergy (Earle & Laaser, 2002; Laaser & Gregoire, 2003). As was the case with the concept of sexual addiction, professionals have debated whether pornography can be used addictively or compulsively. However, Laaser and Gregoire (2003) argue that Carnes' (1984) definition of sexual addiction may be applied to pornography usage. The first component of the definition is that the behavior has become unmanageable. "Unmanageable" is defined as a desire to stop the behavior but an inability to do so. Secondly, addiction includes a neuro-chemical tolerance in the brain. Sexual behavior or thoughts result in increased neuro-chemical responses in various parts of the brain (Milkman & Sunderwirth, 1987). Repetition of the behavior or thoughts leads to an increased tolerance of the neuro-chemical response. This, in turn, fosters escalation – the third component of addiction. As an individual becomes more tolerant, an increase in the intensity of sexual thoughts or behaviors will be necessary for the individual to achieve the same neuro-chemical response. Finally, the fourth component of addiction involves use of neuro-chemical responses to medicate mood. Because certain neuro-chemicals can elevate or lower mood (Milkman & Sunderwirth, 1987) the images and fantasies involved in pornography can be used to create neuro-chemical changes which alter the mood of the user. Thus, pornography usage that meets these criteria may be defined as an addiction.

Quantifying incidents of sexual exploitation and abuse by clergy is challenging due to problems in methodology and reluctance of faith-based communities to report

sexual misconduct (McGlone, 2003). Quantifying pornography usage among clergy is even more difficult given that, with the exception of child pornography, most pornographic material is not illegal. Thus no clearinghouses exist to compile usage statistics. Moreover, most clergy are unlikely to publicly admit to using pornography given that the consequences for such behavior could be severe, such as loss of job, home (if they live in a parsonage), livelihood, status, etc. However, surveys of Protestant evangelical clergy in the United States reported that 33% to 43% admitted to viewing Internet pornography (Gardner, 2001; Reed, 2001). Of these numbers, approximately 6% to 18% viewed pornography multiple times per month and one survey cited 37% of clergy who described Internet pornography as a current temptation (Reed, 2001). According to these surveys a substantial number of clergy perceive Internet pornography to be a difficulty in their lives and many are regular consumers.

The advent of the Internet has increased the availability of pornography and, according to some, the acceleration of addiction (Cooper & Griffen-Shelley, 2002). The Internet has been described as the “Triple A Engine” because of its Affordability, Accessibility, and Anonymity (Cooper, 1998). The affordability and accessibility of pornography is evident in the ability of individuals from all income levels to access free pornography websites from any online computer without a suitable filter. However, according to some the key feature of Internet pornography is the perceived anonymity it offers (Carvalho & Gomes, 2003; Cooper, Boies, Maheu, & Greenfield, 2000; Putnam, 2000). Although one study has disputed any impact of anonymity on online sexual behavior (Byers, Menzies, & O-Grady 2004) others contend that the combination of

anonymity with accessibility and affordability has been thought to promote disinhibition and an ability to more quickly talk about oneself and sexual matters (Cooper & Griffen-Shelley, 2002).

Effects of Clergy Pornography Use on Congregants

Despite the attention that has been given to pornography addiction among clergy, little attention has been placed on congregations affected by their clergy member's sexual addiction. Those who intervene with congregations affected by clergy sexual misconduct have written about their experiences and knowledge of these congregations (Friberg, 1993; Hopkins & Laaser, 1995; Laaser, 2004). In the context of such writings, the term clergy sexual misconduct has generally referred to clergy behavior that is abusive or exploitive of others. It has been noted that even though all congregation members are not direct victims of the cleric's misbehavior, they suffer secondary victimization due to the betrayal and mistrust they experience (Friberg, 1995). The literature on this topic describes several factors that affect the impact sexual misconduct has on individual members of congregations. These elements include the relationship between individuals and the clergy member, the role of the cleric within the denomination, the nature of the person's spirituality, and personal histories of the individuals.

This information is valuable in that it provides a basis for assumptions regarding congregations who are secondary victims of clergy pornography addiction. For instance, literature on clergy sexual misconduct states that news of this malfeasance should be disclosed to the congregation in a responsible manner in order for healthy healing to occur (Brubaker, 1993; Knudsen, 1995). Information regarding the manner and timing of

such disclosure is important for congregations affected by clergy pornography addiction.

However, the literature on generalized clergy sexual misconduct is not empirically validated and, of particular interest to this study, does not address how congregation members respond to clergy pornography addiction. In fact, church members' perceptions of clergy with *any* addiction appear limited to one study of problematic drinking, which found congregants more likely to identify clergy's drinking patterns as problematic when compared to the same drinking patterns of other professionals (Scott & Rosenberg, 1998). The author of this study hypothesized that a stigma against clergy sexual misconduct exists which differs from other forms of misconduct. Specifically, the author hypothesized that congregants make harsher judgments about the character of clergy with pornography addiction, which some say occurs much more often than clergy sexual abuse or exploitation (Friberg & Laaser, 1998), than judgments about clergy with alcohol addiction. Additionally, the author hypothesized that congregants are less supportive of disclosure of the clergy pornography use to the congregation, less willing to offer clergy professional rehabilitation, and less likely to allow clergy to keep their jobs if they suffer from pornography addiction.

Finally, the author made hypotheses regarding congregants' responses toward married versus unmarried clergy with pornography addiction. Literature does not generally address differences in married versus unmarried clergy with addiction. However, there are brief references to instances in which marriages and wives of married clergy are called into question when news of pornography addiction surfaces (Friberg, 1995). This author hypothesized that congregants would judge married clergy with

pornography addiction more severely than single clerics with the same problem.

Understanding the beliefs of church members regarding their impaired clergy member is important, given that a congregation's stance toward disclosure will likely affect the group's healing in cases of clergy pornography addiction (Knudsen, 1995). In addition the response and amount of support clergy receive from their community may affect the course of their own recovery. This study attempts to fill a gap in literature by examining beliefs of congregants in Protestant evangelical denominations regarding impaired clergy of varying marital status. Specifically, beliefs regarding pornography addiction and marital status of clergy are compared against those toward alcohol addiction and marital status. Implications congregations and clergy affected by addiction are outlined. In addition implications for the role of systemically trained mental health professionals working with affected congregations and clergy are also included.

CHAPTER II

Review of the Literature

Bioecological Considerations for Impaired Professionals

According to Uri Bronfenbrenner's initial ecological model of human development (Bronfenbrenner, 1977, 1979), human development occurs inside several systems which are nested within each other: the microsystem, mesosystem, exosystem, and macrosystems. Microsystems are conceived of as the "setting in which the individual is behaving at a given moment in his or her life" (Lerner, 2005, p. xiii). Mesosystems are a set of microsystems within a developmental period or length of time which compose "the major settings containing the person at a particular point" in life (Bronfenbrenner, 1977, p. 515). Exosystems include outside systems with which individuals may have no direct interaction, yet still affect their lives (e.g. a spouse's place of employment), while macrosystems are larger social influences including federal government or social policy, which affect the interaction of all other ecological systems.

Later, Bronfenbrenner criticized his own work, as well as that of others, saying that it did not include sufficient emphasis on individual characteristics of the developing person (Bronfenbrenner, 1989). In response he sought to integrate the biological, psychological, and behavioral aspects of individuals into the larger context he had previously described (Bronfenbrenner, 1977, 1979). In an expanded bioecological version of his model, Bronfenbrenner extended his conception of microsystems by incorporating the activities, relationships, and roles of the developing person into the microsystems. Bronfenbrenner's bioecological model of human development has been described as

having four components:

- (a) the developmental *process*, involving the fused and dynamic relation of the individual and the context; (b) the *person*, with his or her individual repertoire of biological, cognitive, emotional, and behavioral characteristics; (c) the *context* of human development, conceptualized as the nested levels, or systems, of the ecology of human development he has depicted and (d) *time*, conceptualized as involving the multiple dimensions of temporality (Lerner, 2005; p. xvii).

The increased focus on individual developmental characteristics (biological, psychological, emotional, and behavioral) seem particularly important when considering impaired individuals – particularly those impaired by forms of addiction. The notable aspect of Uri Bronfenbrenner’s theory, however, is that these characteristics are not viewed outside of the contexts in which the individual exists. His hallmark conceptualization of human development, which includes mesosystems, exosystems, and macrosystems, remains relevant to examinations of the individual.

When one considers pornography addiction of clergy members, one must evaluate that addiction in terms of the above described concepts. The biological, cognitive, and emotional processes that contribute to pornography addiction are linked to the context in which they occur and the dynamic relation between that clergy person and their context. One such context is the church mesosystem. Also fused with that context are the unique roles, activities, and relationships of clergy. Although the focus of this exploratory study is to gain insight into general reactions of congregants to clergy pornography addiction, the information gathered is pertinent to any consideration of clergy pornography addiction because of the interaction between the individual and the larger system. The study is based on the assumptions that addicted clergy exist and interact within the

ecological framework set forth by Bronfenbrenner. As will be noted later, the larger system of church congregants is also influenced by the actions of their clergy member, thus providing further rationale for the study. However, this literature review first examines pornography addicted individuals before expanding outward to consider the mesosystems within which they operate.

Impaired professionals

A search of the literature reveals numerous articles that address the topic of impaired professionals. One of the most notable, a seminal work on impaired physicians, described these individuals as professionals whose physical or mental deterioration had created an “inability to practice medicine with reasonable skill and safety” (AMA Council on Mental Health, 1973, p. 686). This decline was attributed to physical illness, age-related deterioration, loss of motor skill or abuse of drugs or alcohol. In fact, literature searches that combine the terms *impaired professional* and *addiction* result in numerous articles examining the topic of health service professionals impaired by substances or alcohol (e.g. Cross, & Ashley, 2007; Galanter, Dermatis, Mansky, McIntyre, & Perez-Fuentez, 2007; Holtman, 2007; O’Connell & Bewino, 2007; Ward, 2005).

Examinations of impaired professionals are no longer limited to physicians and definitions of impairment now include unremitting personal conflict, such as marital and financial stress (Lalotis and Grayson, 1985; Walzer, 1990). Included in studies are nurses (Darbro, 2005), emergency service personnel (Andrews, Joseph, Shevlin, Troop, 2006), psychologists (O’Conner, 2001), clergy (Miner, 2007), attorneys (Sweeney,

Myers, & Molea, 2004), pilots (Deitz & Johnson, 1991), and professors (Lasker, LaPointe, & Kodras, 2005). However despite the consideration of professionals such as lawyers, pilots, and educators, the majority of literature continues to focus on impaired professionals in health service professions – including physical, mental or spiritual health services. Although not an exhaustive list, some areas of interest have included the high rate of suicide in physicians (Frank & Dingle, 1999; Hern, Gronvold, & Aasland, 2000; Schernhammer, 2005) the impact of job and family stress on nurse mental well-being (Cannuscio et al., 2002; Yang, Pan, & Yang, 2004), emotional distress in mental health professionals (e.g. Jordan & Quinn, 1996; Katsavdakis, Gabbard, & Athey, 2004; Stromwall, 2002) and clergy job burn out (Miner, 2007).

Addiction in professionals

Interestingly, despite the interest in other forms of impairment in health service professions, the topic of addiction repeatedly receives attention in the literature (e.g. Graham, 2006; Gold, Gres, & Frost-Pineda, 2006; Irons & Schneider, 1994; Laaser, 2003; Weinstock, Armentano, & Petry, 2006). Reports of doctors drunk during surgery have highlighted drug and alcohol problems among physicians (Graham, 2006). A particular problem has been noted among anesthesiologists, who comprise as much as 25% of drug addicted physicians (Gold, Dennis, Morey, & Melker, 2004). Similarly, 40% of pharmacists have been found to illegally use substances. This number is higher than the general population and appears to be influenced by professional socialization processes (Hollinger & Dabney, 2002).

However, types of addiction other than drug and alcohol addiction also exist

among other health service professionals. One study found that gambling addiction rates in substance abuse counselors are higher than rates within the general population (Weinstock, Armentano, & Petry, 2006). While this may be related to counselors' personal histories with drug addiction the consistent thread throughout various reports of impairment is that health service professionals, including physical, mental, and spiritual services, are not immune to the destructive nature of addictions.

Addiction in Clergy

Despite evidence that addiction exists throughout various forms of health service professions, nearly all forms of addiction have been ignored within clergy. This is evidenced by the lack of literature on this topic. Twenty-five years ago a survey of 677 priests in the Roman Catholic Church was conducted to examine rehabilitation among the men (Fichter, 1982); however, the reliability of the data was criticized (Virgo, 1983). Five years later another author took up the topic of clergy drug and alcohol problems in the context of spiritual formation - emphasizing the etiology, prevention, and recovery as well as the effects on spirituality (Royce, 1987). Following this, the topic of substance and alcohol addiction appeared abandoned for nearly two decades. The only mention seemed to be an acknowledgement by employee assistance programs (EAP) that clergy alcohol addiction presented a opportunity for EAPs to reach out to denominations and clergy to educate and service these populations (Dickman, 2003). These few writings appear to represent the totality of attention given to nearly all clergy addictions with the exception of one area – sexual addiction.

Clergy Sexual Addiction

Definitions of Sexual Addiction

The concept of sexual addiction was first introduced to the world by Patrick Carnes' *Out of the Shadows* (1983). At the time, the professional world recognized drug and alcohol addiction, but was resistant to the idea of a behavioral addiction as defined by Carnes. Many within the sex therapy field believed that one could not get enough of a good thing (sex), however the growth of 12 Step sex addiction groups, the establishment of the journal *Sexual Addiction and Compulsivity*, and increased research in the field promoted acceptance of sexual addiction as a valid construct (Schneider, 2004). Among those who accepted the notion that sexual behavior could become problematic, disagreement arose over how to classify such behavior. Carnes (1996) explains the controversy over descriptive terms for problematic sexual behavior has been impacted by social, political, and cultural agendas. Explosive issues such as sex education, AIDS, child abuse, abortion, prostitution, and sex offending create emotional ties to the language used to describe problematic sexual behavior. Even among professionals, states Carnes, confusion exists between usages of clinical terms such as addiction and compulsion. Goodman (2001), as well, notes that differing fields may have preferences for the terms used to describe driven sexual behavior, suggesting that law enforcement may prefer a conceptualization of an impulse-disorder for prosecution purposes while psychiatrists and psychologists may prefer compulsivity. Alternately, he suggests counselors and 12-step community may choose the term *addiction*.

Choices for appropriate terms to describe problematic sexual behavior also appear

to be influenced by the supposed etiology of the behavior. From a psychoanalytic perspective, the term *perversion* has been suggested as more appropriate conceptualization because it is an active attempt to “symbolically elaborate experiences of...humiliation, exclusion, insufficiency” etc. rather than being passively bound by addiction (Jacobson, 2003). At least one author has described negative patterns of hypersexual behavior which appear to resemble traits of Axis II personality disorders rather than Axis I disorders (Montaldi, 2002). That author does not propose that all problematic sexual behavior should be classified as a personality disorder but suggests that some clients may fit this pattern. Bancroft and Vukadinovic (2004) believe that the frequently used terms, *addiction* and *compulsion*, are applicable only to behavior patterns which stem from specific etiologies. Their research suggests that problematic sexual behaviors may stem from multiple etiologies which are not yet clearly defined. Thus, they argue that out of control sexual behaviors should be used as a general term for problematic sexual behavior (p. 233).

Carnes (1996) has summarized multiple conceptualizations of problematic sexual behavior and notes that regardless of terminology used, common themes run throughout descriptions of problematic behaviors. Despite the varying arguments presented, the term sex addiction persists as a frequently used descriptor of problematic sexual behavior (Gold & Heffner, 1998; Goodman, 2001; Kean, 2004; Leedes, 1999, 2001). Likewise, this study also uses the term sexual addiction to characterize problematic sexual behavior. A parsimonious description of sexual addiction is made by Schneider (2004), who points out that the term sexual addiction is found nowhere in the Diagnostic and Statistical

Manual of Mental Disorders (*DSM-IV*; American Psychiatric Association [APA] 1994). Nevertheless she references the criteria for substance abuse to make a case for defining problematic sexual behavior as an addiction. She notes that five of the seven criteria for dependence refer to behaviors, which can also be applied to sex or gambling. Schneider says any behavior may be classified as an addiction if characterized by (1) loss of control (2) continuation despite significant, adverse consequences and (3) obsession or preoccupation. The purpose of this study is not to engage in the debate over appropriate terminology for problematic sexual behavior. Rather it is to elicit the responses of congregants toward such behavior and to contribute toward the body of knowledge regarding clergy who participate in destructive sexual behavior.

Forms of Sexual Addiction in Clergy

The topic of clergy sexual addiction stands in contrast to the often ignored alternate forms of addiction. While some have noted that sexuality is often a repressed topic within religious circles (e.g. Nelson, 2003) this trend has shown signs of change in recent years as victims of clergy sexual abuse and exploitation have reported the abuse. Charges of sexual abuse by ministers in Protestant denominations continue to surface (Brady-Lunny, 2007; Richardson, 2007) and one Catholic Diocese recently agreed to a 48 million dollar settlement to over 150 victims of clergy sexual abuse (Stucke, 2007).

Behaviors of sexual addiction may take many forms including sex with a consenting partner, obscene phone calls, pornography, online cyber-sex, prostitution, exhibitionism, voyeurism, frateurism, bestiality, rape, incest, and child molestation (Carnes, 2001; Laaser, 2004). A substantial portion of the literature on clergy sexual

impairment focuses on the behaviors that clearly victimize individuals (e.g. exploitation, molestation, etc.) (Irons & Laaser, 1994; Plante, 2003; Taylor, 1997; Wells, 2003). While sexual addictions are often present among those who are sexually abusive toward others, victimizing behavior does not definitively indicate the presence of a sexual addiction (Carnes, 2001). For instance, a study of health professionals referred for treatment due to professional sexual impropriety revealed that 46% of the offending individuals did not have a sexual addiction (Irons & Schneider, 1994). Conversely, individuals may have forms of sexual addiction, such as pornography addiction, without ever engaging in behaviors that victimize others (Carnes, 2001; Friberg & Laaser, 1998).

Pornography Addiction

It is important to note that pornography use can be distinctive from pornography addiction. While pornography may be used only recreationally, pornography addiction contains distinctive elements that separate it from recreational use. Patrick Carnes, who pioneered the field of sexual addiction describes these four hallmarks as unmanageability, neuro-chemical tolerance, escalation of behavior, and medication of mood by neuro-chemicals (1984). “Unmanageability” is defined as a desire to stop a behavior but an inability to do so. Individuals with pornography addiction want to stop involving themselves with pornography but have failed multiple attempts to end the behavior. They experience an increased tolerance for certain neuro-chemical responses that are brought about by the sexual behavior or thoughts (Milkman & Sunderwirth, 1987) involved in pornography. Their tolerance prompts them to seek out novel or increased number of sexual behaviors or thoughts (escalation) in order to achieve stronger neuro-chemical

responses. The individuals seek out these neuro-chemical responses as a means of altering their moods. When these four criteria are present in pornography use it may be considered one form of sexual addiction.

Cycle of Sexual Addiction

According to Carnes (2001) sexual addicts have four fundamental beliefs: They believe they are shameful, bad, and unworthy people; They believe no one will love them as they are; They do not trust others to meet their needs; and they believe sex is their most important need. These beliefs help fuel the cycle of sexual addiction common to all sexual addicts, including those who are addicted to pornography.

According to Carnes (2001) the cycle of sexual addiction consists of four primary parts: preoccupation, ritualization, compulsive sexual behavior and despair.

Preoccupation is a state of mind in which individuals are engrossed in sexual thought and in which daily interactions with others are filtered through a sexual lens. Carnes describes this as an “obsessive search for sexual stimulation” which effectively buries any personal pain, remorse, regret.

The preoccupation with sexual activity leads to ritualization, another means of mood alteration. The ritual adds excitement and intensity to the end goal – which is the compulsive sexual act. It is the combination of preoccupation and ritualization that facilitates the compulsive act which, for many, is pornography consumption.

For sexual addicts, including those addicted to pornography, the fourth component of the sexual addiction cycle is *despair*. According to Carnes (1992) the key factor of compulsive sexual behavior is that addicts are powerless over the behavior.

Despite repeated efforts to stop, addicts cannot give up the behavior. If the compulsive behavior includes actions that are degrading, exploitive, or violate personal values, addicts' shame, self-pity, and self-hatred grow. For clergy shame may be intensified by the responsibility of their position and the moral standards of their religious convictions. These feelings eventually culminate in despair. Carnes says the despair "combines the sense of failure at not having lived up to resolutions to stop with hopelessness about ever being able to stop" (p. 12). For addicts, the ever-present solution to such feelings of despair is sexual preoccupation, which perpetuates the cycle of sexual addiction.

Pornography addiction in clergy

Responses to pornography use differ according to the population questioned. Within the general public, evidence exists that pornography use is considered an acceptable behavior by many people (Barna Group, 2003; Lottes, Weinberg, & Weller, 1993). Conversely, a national survey suggests that the majority of Christians appear to reject pornography as a morally acceptable behavior (Barna Group, 2003). Although opinions within Christian denominations and faith groups vary regarding the tolerability of pornography use, many individuals point to Christ's teaching that people should not look lustfully at someone to whom they are not married (Matthew 5:28, New International Version) as justification for rejecting pornography involvement (Arterburn & Stoeker, 2000; Earle & Laaser, 2002).

Despite any acceptance as normal behavior by Christian or non-Christian populations, pornography use that has increased to an addictive level has negative consequences for the user. Carnes (1992) states that just as in chemical addictions,

individuals with sexual addictions substitute a mood-altering relationship with an event or experience for healthy relationships with people. Individuals addicted to pornography isolate themselves from relationships with others. As a result, they stand to lose marriages and relationships with family members. They may also suffer the consequences of lower work performance, financial strain, or job loss as the behavior consumes more of their time and money (Anonymous, 2005; Carnes, 2001).

Christian clergy with pornography addictions may have even more costly consequences. With the exception of some groups, most Christian churches tend to view pornography use as sinful behavior (e.g. Arterburn & Stoker, 2000; Earle & Laaser, 2002; Chamberlain, Gray, & Reid, 2005). Because clergy are often held to a higher moral and ethical standard than the general public, their involvement with pornography may have more serious penalties. Laaser and Gregoire (2003), who specialize in work with sexually addicted clergy, state that hundreds of clergy have been removed from ministry for their involvement in pornography. The willingness of churches or denominations to reinstate clergy into ministry after a period of sobriety is variable. Thus, clergy may suffer not only job loss but also loss of a vocation. Those who received higher education specific to ministry may have no other job skills or experience from which to draw. Additionally, because work and church life are combined, clergy may lose their social support when pushed away from their community. One clergy member with a sex addiction spoke of losing all friendships outside his family when he was removed from his ministry position (Anonymous, 1991).

Identifying the number of clergy involved in pornography is difficult. Churches

and faith based communities are reluctant to release information about sexual misconduct among clergy members (McGlone, 2003). Non-denominational churches or independent churches, which lack formal councils or other structures to oversee all congregations within the denomination, have no central agency to which they report. In addition, with the exception of child-related material, pornography is legal. Thus, reports to civil or criminal authorities are not mandatory. However, one survey of Protestant pastors revealed that 43% of Protestant clergy admitted to having visited a pornographic website. More than one-third of pastors surveyed said they had done so within the past year and 37% described Internet pornography as a “current struggle” (Reed, 2001). A second survey revealed that 33% of Protestant clergy had visited an Internet pornography site (Gardner, 2001). Of that percentage, 53% had visited a site within the past year and 18% had viewed a pornographic website between a couple of times a week to more than once a week. These numbers are close to pornography use statistics found within the church laity population (Reed, 2001). They also indicate that many clergy are participating in activities that contradict the stated beliefs and values of the organizations they lead and represent. In addition, they may indicate that the churches led by these clergy are also affected by the clergy pornography use.

Clergy and internet pornography

With the widespread use of the Internet, online pornography has become a primary means of accessing pornographic materials. Cooper (1998) has identified three phenomena that make Internet pornography so appealing. Referred to as the “Triple A Engine,” he says the power of Internet pornography is found in the fact that it is

Accessible, Affordable, and Anonymous. These three elements reduce the barriers that might prevent some clergy from acting on their desires. For example, clergy's schedules are often unrestricted and unmonitored, allowing for large windows of time in which they are free to engage in activities of their choosing. In addition, many clergy have no Internet filter on their computers. One survey found that one in four clergy do not possess an Internet filter on their personal computers (Reed, 2001). The combination of free time and little monitoring makes Internet pornography highly accessible. The pastor who spends two hours alone in his office with a closed door may be assumed to be preparing for a sermon, rather than suspected of engaging in Internet pornography.

The affordability of Internet pornography can be appealing to pastors who do not traditionally make large salaries. While the pornography industry is a multi-billion dollar per year industry (Ropelato, 2007b), many pornography addicted clergy may be hooked by the plethora of free pornography available through the Internet. Finally, the anonymity of engaging in sexual activity without leaving the privacy of one's home or office reduces the number of barriers to clergy who might not risk recognition in places such as adult bookstores (Laaser & Gregoire, 2003). The low cost, availability, and discrete nature of the Internet provide a greater opportunity for involvement and acceleration of pornography use not available through more traditional avenues.

Clergy vulnerabilities to sexual addiction

While some clergy may use pornography recreationally without addictive tendencies, others are caught in a web from which they cannot free themselves despite the moral and ethical dilemmas their behaviors create. Sexually addicted clergy often

share the same characteristics as sexually addicted non-clergy, such as being victims of sexual, physical or emotional abuse and growing up in rigidly disengaged families (Davies, 2003). However, clergy also have unique vulnerabilities which open them to potential sexual addiction. They are in highly visible leadership positions that often include pressure to appear, behave and act in an exemplary manner. They may also feel pressure for their families to appear and act in certain ways. Davies (2003) says this prevents them from being who they truly are and keeps them from sharing their own struggles, needs or humanity. Additionally, clergy are in care-giving positions yet, as noted by Laaser (2004), they may not possess the capabilities to care for their own emotional needs or wounds. The caretaking behaviors often expected of clergy have even been labeled as codependent behaviors (Davies, 2003).

Codependency, in fact, has been linked to sexual addiction (Carnes, 1991, 2001). Feelings of isolation may occur as clergy provide care for others without doing the same for themselves. The isolation may be compounded by difficulty engaging in intimate relationships with others (Laaser & Gregoire, 2003). Laaser and Gregoire state that clergy involved in Internet pornography have “no truly intimate friends and reveal themselves honestly to no one” (p. 398). They may, perhaps because of their high profile positions, feel unable to reach out to others for assistance (Von Stoh & Mines, 1995). In such a context, sex may become a way for these individuals to meet unfulfilled emotional needs. Compounding the problem is the role of identity in relation to a cleric’s job. For many clergy, their vocation “is not merely about what they do, it is about who they are... When who you are becomes what you do, and what you do becomes being the man or woman

of God, failure to meet this exceptionally idealistic standard becomes a deep source of shame” (Davies, 2003, p. 101). If the failure lies in the realm of sexuality, such shame can be exponentially increased.

Another catalyst for clergy pornography use may be the influence of *clericalism*. When writing about the reason for prolific sexual abuse within the Catholic church Doyle (2006) blames the phenomenon of *clericalism*, which he describes as the “erroneous belief that clerics constitute an elite group and, because of their powers as sacramental ministers, they are superior to the laity” (p. 190). Although many Protestant churches might refute some of the decisively Catholic elements of clericalism found in Doyle’s writing, certainly the elevated status of clergy exists across denominations. Even if a clergy member is suspected of participating in sexual behavior that is contrary to the values and beliefs of the religious group, their pedestal position may keep others in the congregation from confronting them with this misgiving.

Some clergy may not become sexually addicted solely due to professional pressures. A few clergy may have chosen the field because of the special status such a role offered them. Those who are insecure and in need of admiration may be drawn to the admiration and respect given to clergy. According to Laaser and Gregoire (2003) it is this insecurity that creates a vulnerability to addiction. Similarly, individuals who grew up in neglectful or abusive situations and were not praised, affirmed, or made to feel desirable may be drawn to the recognition and status that a pastoral position offers. Laaser and Gregoire also state that clergy with such characteristics are drawn to the power offered through the Internet by being able to choose when and what they want to look at,

including images that seem to say, “I find you incredibly attractive and I would do anything for you” (p. 399). Recognizing these vulnerabilities is crucial to those hoping to intervene in the lives of sexually addicted clergy and their congregants.

Systemic considerations for pornography addicted clergy and their congregations
Bertalanffy’s General Systems Theory

As early as the 1930s Austrian biologist Ludwig von Bertalanffy (1934) sought to create an overarching theory that could be applied to multiple areas of study. He combined elements from biology and systems thinking to create *general systems theory*. Among the constructs of Bertalanffy’s theory (1968) was the belief that a system was more than the sum of its parts. The interactions between the parts of the system created a new dynamic which ceased to exist if the system was broken down and examined in a reductionistic manner. This assumption was particularly applicable to Bertalanffy’s scientific study of biological organisms. In fact, Bertalanffy expanded the application of systems thinking beyond machines to include living organisms. He proposed that unlike closed mechanistic systems, which only react to stimuli, living organisms interacted continuously with their environment. Rather than maintaining homeostasis they actively sought ways to flourish.

Bertalanffy used the metaphor of organisms as open systems and applied this to social systems such as families, churches, and communities. Each of these functions as its own system, as well as a subsystem within a larger system. For example, families function as their own system comprised of parental and child subsystems; however each family is also a subsystem within the larger system such as a church or community.

Likewise churches with their sub-systems of leadership, various committees, and general laity function within larger systems of communities.

As open systems, churches not only react to stimuli within their congregations but also interact with outside environments. Information from outside sources enters churches through members of the system and the system, in turn, responds to that information. As an example, many churches have shifted worship styles and practices in response to changes in the larger culture which has impacted the preferences of church members (Dawn, 1999; Hunter 2006). In the past few decades churches have also had to address other cultural practices that impact the church system, such as increased divorce rates, use of drugs, and more recently pornography use.

From a systemic perspective, pornography use (or interaction with outside environment) by individuals within churches has relevance because of the interaction within and among subsystems. The actions of one person affect other groups and individuals within the system. This is especially true when the individual is directly connected with all subsystems. For example, a clergy member who speaks in front of all members of the congregation on a weekly basis and provides leadership to the entire system, directly interacts with all subsystems within the congregation. Likewise congregants, who compose subsystems within the church, also interact with and influence clergy in leadership positions. Thus, according to general systems theory, a clergy member interacting with the outside environment through use of pornography would generate a response from other subsystems within the congregation. These responses would in turn impact the clergy member and the interactions between these groups would

contribute to the totality of the system.

However, little research has been done to examine the responses of congregants toward clergy members. Specifically, no research has looked at the responses toward clergy who engage in pornography use or, more severely, suffer from pornography addiction. However, the systemic principles set forth by Bertalanffy suggest that all groups within church systems influence each other through their interactions. Thus, an examination of responses to clergy pornography addiction may yield information regarding overall systemic dynamics and implications for subsystems within church congregations.

Due to the lack of research in this area, a preliminary investigation of congregants and clergy with pornography addiction is necessary. This is an exploratory study that aims to gain a general understanding of how church members react in situations of clergy pornography addiction. The research question, “What is the response of congregants to clergy pornography addiction?” forms the basis of this study. The answers to this question have implications for multiple areas of a system, including leadership and laity, as well as outside systems, such as therapists who intervene with affected congregations. For instance, how will the leadership’s responses to the addicted cleric affect the congregation? If the leadership chooses to dismiss the cleric when the congregation desires for him to remain in his position, the effects of this decision could have a profound impact on the church system. Members of the church may chose to leave the congregation, thus changing the composition of the system. Seeds of distrust may form between leadership and laity subsystems, resulting in unhealthy communication or

harmful interaction patterns. Alternately, if congregants desire for clergy members with pornography addiction to leave positions of ministry yet leadership groups keep those individuals in the pulpit, congregants may also choose to leave the church system or form angry subgroups which work against leadership subsystems.

Other examples include the impact on the clergy member, who is a smaller subsystem of the larger church. If the cleric decides to confront his addiction by making it known to others in the congregation, their responses impact the nature of his healing. If congregants respond with compassion and understanding, this will likely aid the cleric in his efforts to address shameful aspects of his addiction. On the other hand, if the cleric's disclosure is met with shaming or angry responses, this may impede his desire to address his addiction.

These questions provide examples of the ways in which preliminary investigation into congregants' responses to clergy pornography addiction is important and useful. The data gathered in this study provides basic information to those wishing to gain greater understanding of factors that influence systemic congregational dynamics. It also gives direction for future research in this area.

Impact of clergy pornography addiction on congregants

Researchers have paid little attention to the impact of clergy sexual addiction, including pornography addiction, on the congregants. The bulk of the information on this topic comes from those who intervene in congregations affected by clergy sexual misconduct and who work with the actual clergy (Hopkins, 1993a; Hopkins and Laaser, 1995; Lebacqz & Barton, 1991). The information is a compilation of direct observation

and experience gathered by those who address clergy sexual misconduct within churches. Little has been empirically validated, yet it provides a starting point from which to understand how congregants may respond to news of perceived inappropriate clergy sexual behavior.

Among those who acknowledge the impact of clergy sexual misconduct on congregations, Neil Friberg (1995) gives the most detailed description of implications for members of a congregation when clergy are found to have inappropriate sexual behavior. Within the context of Friberg's writings, the term *clergy sexual misconduct* refers primarily to direct sexual offenses by clergy against another person. This focus fits with the bulk of literature previously mentioned, which has looked at exploitation and abuse of individuals by clergy. Exploitive or abusive behaviors do not necessarily confirm the presence of sexual addiction (Carnes, 2001; Irons & Schneider, 1994) and thus Friberg's writings are not specific to clergy pornography addiction. However because the literature on congregations affected by any clergy sexual behaviors is so sparse, it is necessary to examine that which does exist in order to specifically begin addressing the impact of clergy pornography addiction on congregations.

Friberg (1995) states that even when clergy sexually exploit or abuse others, congregation members who were not direct victims may be considered *secondary victims* due to the level of betrayal and mistrust they experience. This same idea may be applied to congregations in which the clergy member is found to have a pornography addiction. Congregants, even if not directly abused or exploited by the cleric, may still feel the effects of secondary victimization. Thus the experiences of congregation members as

presented by Friberg may be extrapolated to fit with congregations affected by a clergy member's pornography addiction. However, to best represent the literature, the term *sexual misconduct* will continue to be used and implications for responses to pornography addiction will be drawn later.

Friberg (1995) states that the personal impact of clergy sexual misconduct on an individual will vary across several dimensions based on that person's relationship to the Church, to the clergy member, and the level of trust placed in the clergy member. In addition to these factors, Friberg states that the way in which the individual learns of the sexual misconduct (the disclosure process) and the individual's personal history will also affect the way in which they are impacted. From a systems perspective, clergy often have a parental role for members of the congregation. Those who feel direct care and help from clergy are often deeply hurt by knowledge of abusive behaviors (Brubaker, 1992). He notes the particular vulnerability of children who may be deeply impacted unless the event is mitigated by their parents' responses and explanations. Friberg suggests viewing congregations in terms of concentric circles, starting with those in leadership and moving increasing out to those who are marginally involved and have much less information regarding what is going on.

Another dimension impacted by clergy sexual misconduct is the spiritual dimension of individuals' lives (Friberg, 1995). Depending upon the role of the clergy member in a particular denomination this may be affected in various ways. If the denomination places an emphasis on the role of clergy in sacraments (e.g. baptism, communion, marriage), the clergy's sexual misconduct may influence the individual's

perception of these sacraments within their own lives. If the denomination places an emphasis on the primacy of Scripture, as do many Protestant groups, the receptivity toward Scripture or preaching may be influenced.

In addition, the way in which people experience their faith will shape their experience of clergy pornography addiction. According to Friberg (1995), those with an extrinsic orientation who attend worship for the purposes of social belonging and affirmation process the event in light of their group identity and sense of security. Those with an intrinsic orientation, who view worship as a deeply personal and meaningful experience, may feel “emotional and theological dissonance of the highest order” since the person connected with their most holy moments has violated sexual boundaries (p. 57).

For all groups, views of morality and ethical standards may be called into question. Developmental levels of ethical or moral development may influence individuals’ reactions to clergy sexual misconduct. For example, using Kohlberg’s theory of moral development, those at lower levels of development who view behavior in black and white terms may respond more harshly to the accused clergy member than those at more advanced stages (Clouse, 1986; Friberg, 1995). Clearly the impact of clergy sexual misconduct on the lives of congregation members is affected by multiple factors. The responses of these individuals, (e.g. disclosing information about the behavior, allowing the cleric to keep his job, providing professional counseling, etc.) may also be impacted by several factors. The following section presents responses of congregations to clergy sexual misconduct as described in the literature and hypothesizes about responses to

clergy pornography addiction.

Congregational responses to sexual addiction

Friberg (1995) states that congregants are often surprised to learn that a minister has problems in the area of sexuality. He explains, "People don't expect that clergy are sexual, for some reason, or they don't expect them to struggle very much with it, since by definition, clergy are supposed to be victorious Christians" (p. 70). Other professionals have also believed congregants perceive clergy to have fewer vulnerabilities. In the only study of congregants' attitudes toward clergy problematic drinking the authors, Scott and Rosenberg (1998), theorized that church members would overlook clergy alcohol problems as compared to alcohol problems in other helping professions. They asked members of one denomination to respond to randomly distributed vignettes in which identical drinking patterns were described for three different helping professionals. Respondents rated the severity of the drinking, whether or not they believed the drinker needed professional help, whether the drinker should be allowed to keep his job, how much the drinking would affect his job, and whether the respondent would be willing to help the drinker.

Contrary to their hypotheses, results demonstrated that respondents were *more* likely to identify a cleric's alcohol use as problematic than to identify the same drinking patterns of other occupations as troublesome (Scott & Rosenberg, 1998). In addition they were more likely to believe the clergy members were in need of professional help than were non-clergy members with identical drinking patterns. Among the theories regarding why their hypotheses were not supported, the authors suggested that the stigma

associated with alcohol problems may intensify the consciousness and judgments of the severity of clergy drinking. They also hypothesized that media attention to clergy sexual abuse has heightened the public's awareness that clergy have the same vulnerabilities as the general population.

If media reports of clergy sexual misconduct could conceivably heighten awareness about problematic alcohol use, it stands to reason they would increase awareness of problematic pornography use among clergy. It does not necessarily mean that increased awareness has lessened the stigma against sexual temptations. This stigma is apparent within the general public's fascination with the efforts to catch and prosecute sexual offenders. Rarely, if ever, is primetime hour-long investigative reporting regularly focused on problematic alcohol consumption within the general public. However, weekly series have been devoted to the topic of pornography use and attempted sexual abuse by members of the general population (Keller, 2007). The media attention to these efforts seems fueled by the public's simultaneous interest in and abhorrence of such behaviors.

Similar reactions seem present within Christianity. Biblical scripture commands Christians to "flee from sexual immorality" because "all other sins [a person] commits are outside his[her] body but, [s]he who sins sexually sins against his[her] own body." (I Corinthians 6:18). It appears that within the Christian tradition there are expected ramifications to sexual misconduct, including pornography, which differ from other misbehaviors. In addition, the efforts of many congregations and denominations to keep clergy sexual indiscretion quiet (Hopkins, 1993b) suggests that a stigma against this type of misconduct also exists within churches, even apart from illegal behaviors.

The author of this study theorized that the stigma against sexual misconduct may partially be seen in the ways in which congregants' judge personal character traits of clergy members. Congregants look to clergy for spiritual leadership and moral direction (Ryan & Wolery, 1999) in addition to trustworthiness and genuineness. Also inherent in the clerical role are pastoral functions requiring care and empathy. As people presumably called by God to their position, a sense of humbleness toward God's will and genuine compassion for people are expected. Because clergy are held to a higher standard of behavior (Friberg, 1995; Ryan & Wolery, 1999) personal characteristics may be judged more harshly than non-clergy when a moral failure comes to light.

The source of any stigma toward sexual addiction in churches may be similar to the phenomenon described within the field of mental health. In a qualitative study of psychotherapists with histories of psychiatric hospitalization (Cain, 2000), therapists agreed that a stigma against therapist hospitalization is perpetuated within the mental health field. One explanation for this stigma is that therapists employ a self-protective mechanism against the stressors of working with people in distress by mentally distinguishing themselves from their clients. Knowledge of a colleague who has experienced psychiatric distress removes the protective barrier and places the therapist on the same plane as their clients. This explanation is similar to Friberg's (1995) description of the impact clergy sexual misconduct has on congregants when he says, "People's trust in their own ability to manage their own sexuality is often negatively affected by clergy misconduct" (p. 71). As psychotherapists are expected to assist with mental health difficulties, clergy are expected to assist in moral or ethical difficulties. Perhaps the

knowledge that clergy are fallible creates a greater awareness of the fallibility of lay members. Conversely, given the widespread use of pornography in the general public, perhaps it highlights the personal fallibility of which individual members are aware even if they have not shared it with others.

One such ramification may be a deep sense of shame, not only for the individual involved in the behavior but also for the congregation (Knudsen, 1995). Shame may promote efforts to keep knowledge of clergy sexual misconduct hidden from those outside the congregation or from those within the congregation. However, based on his work with congregations Knudsen (1995) explains that when sexual misconduct is “taken care of quietly” (p. 91) and not disclosed to the congregation, the secret holds power over the congregation long after the misconduct has supposedly been handled. Protection of secrets may result in inaccurate stories circulated through the congregation or gaps in the congregation’s story. This prevents the congregation from processing the information together, which Hopkins (1993) says is a vital part of healing. Protecting the secret may also send congregations the message that they are not strong enough to bear their own burdens or that the image of the clergy member (or other leaders) is more important than the health of the congregation (Knudsen, 1995).

Guidelines for appropriate manners of disclosure exist (Brubaker, 1993; Knudsen, 1995). Knudsen (1995) recommends that disclosure occur in a structured congregational meeting and come from recognized authorities in the congregation or denomination. Providing multiple forms, such as written and oral statements is also helpful as shocking information is difficult to absorb at once. Generally, disclosure should occur as soon

“there is sufficient material to constitute responsible disclosure” (p. 94). Despite the apparent consensus that formal disclosure occur, no empirical data regarding congregants’ beliefs regarding disclosure exists. These beliefs are important, particularly in congregations that choose their own leadership (e.g. elders and deacons) from the members. Individual members who believe that information about clergy sexual misconduct should be kept quiet may promote a spirit of secrecy, particularly if they are elected to serve within church leadership. Thus, beliefs toward disclosure on multiple levels should be assessed. The author of this study theorized that although congregants may be supportive of disclosure to certain individuals, the potential stigma against sexual indiscretion will prompt congregants to be less supportive of disclosing clergy sexual misconduct to an entire congregation than other forms of misconduct.

Perhaps one method of hiding misconduct is to dismiss the clergy member. Literature speaks of congregations in which the clergy member was immediately dismissed from their position without ever returning to the congregation (e.g. Anonymous, 1991). Some churches may allow clergy to take a leave of absence while receiving treatment, then return to their position after completing this treatment (Tryggestad, 2007). Although congregants in Scott and Rosenberg’s (1998) study generally believed that the problematic drinking would affect job performance of individuals in all represented professions, they were not more likely to believe clergy should lose their job. In fact, they generally thought that members of all professions should keep their jobs. However, the existing literature addressing congregational responses to clergy sexual misconduct indicates that clergy with sexual addictions do not

keep their jobs. Thus, the author theorizes that, in addition to believing pornography use will affect a clergy member's ability to do his job, congregants will also be more likely to support a clergy member's removal from their position than clergy with other addictions.

The concept of sexual addiction has not been in existence as long as the concepts of alcohol or substance addiction and has not earned a formal diagnosis in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (2000), as have other forms of addiction. A lack of consensus among professionals may inhibit education within the general public regarding the nature and power of sexual addiction, including pornography addiction. A lack of education may also contribute to a belief that clergy should be able to overcome sexual addiction solely through spiritual means such as prayer or involvement with other Christians. In one survey of Protestant clergy, 69% of those involved in pornography said they had prayed about this area of their lives but only 4% had sought professional help (Gardner, 2001). Misguided or uneducated assumptions about the nature of sexual addiction may affect congregants' recognition of an addict's need for professional help, which in turn may influence their willingness to intervene in the life of an addicted clergy member or support church leadership in seeking treatment for the minister. The author theorizes that congregants will be more likely to support professional treatment for clergy with alcohol or substance addictions over sexual addiction than they will be to support professional treatment for addictions of a sexual nature.

In addition, writings specific to unmarried individuals with pornography addiction are few. However, some have addressed the impact of pornography addiction on the

married person's spouse and marriage (King, 2003; Laaser & Adams, 1997; Larue, Jr., 2005). In one survey the majority of wives of sexually addicted clergy report feelings of isolation, shame, depression and anger. Several believed they must keep their husband's addiction private rather than ruin his reputation (King, 2003). Wives have often been blamed for their husband's addictions and people have mistakenly believed the answer to the addiction was found within the marriage (Ferree, 2002). Based on different levels of attention given to married versus unmarried use of pornography, it is theorized that differences in perceptions of and reactions to sexually addicted clergy will vary according to marital status.

In summary, attention to unmarried versus married clergy with pornography addiction has differed within the literature, potentially indicating varying reactions to marital status. In addition, there appears to be a stigma toward individuals, including clergy members, with sexual addictions. The stigma may be visible when church congregants make judgments about clergy characteristics. Congregations generally dismiss clergy with sexual misconduct from their jobs and leadership often seems reluctant to disclose the nature of the misconduct to congregations. Stigma and lack of education may prohibit congregation members from recognizing the need for professional intervention in the life of a sexually addicted individual, thus inhibiting support for a congregation to pay for professional help.

Understanding the perspective of church members toward clergy sexual addiction is vital in promoting healing for both congregations and clergy. Congregants' acceptance of disclosure will influence the healing of the congregation. Their willingness to support

provision of professional assistance will affect the healing of the clergy member. General reduction of any stigma associated with sexual addiction may allow sexually addicted clergy and congregants to voluntarily share their struggles and seek help earlier in the course of their addiction. Based on this information and rationale, the following specific research questions were proposed for this study:

Research Questions:

R₁: Will congregants give lower character trait ratings to clergy with a pornography addiction versus clergy with an alcohol addiction?

R₂: Will congregants give lower character trait ratings to married clergy with a pornography addiction versus unmarried clergy with a pornography addiction?

R₃: Will congregants be less supportive of disclosing clergy pornography addiction to the congregation than disclosing alcohol addiction to the congregation?

R₄: Will congregants be less likely to believe pornography addicted clergy need professional help as compared to professional help needs of clergy with alcohol addiction?

R₅: Will congregants be less likely to support congregational provision of professional help for pornography addicted clergy as compared to alcohol addicted clergy?

R₆: Will congregants be more likely to think that sexual addiction will affect a clergy member's ability to do his job as compared to alcohol addiction?

R₇: Will congregants be more likely to think that a clergy member should be removed from his job for sexual addiction than for alcohol addiction?

CHAPTER III

Methods

The purpose of this study was to identify whether congregants have differing beliefs regarding clergy pornography addiction versus alcohol addiction and whether these beliefs regarding pornography addiction vary by clergy marital status. This study is significant because little is known about the responses of congregants toward perceived fallibility of their ministers. Prior to the completion of the study no empirical data about this topic existed. Acquiring such information is important because congregants' beliefs may have the potential to affect the recovery and well-being of the congregation as well as that of the clergy member. This section describes the participants and explains the procedures and data analyses methods used in the study.

Participants

The initial proposal for the study stated that participants would be recruited from multiple private universities associated with churches of Christ. Churches of Christ are independent congregations with shared doctrinal beliefs but no denominational hierarchy to oversee individual groups. Thus, congregations independently choose church leaders, such as elders and deacons, from within the each congregation. Church clergy, generally referred to as ministers, are chosen by committees of congregational members and leaders rather than being appointed by denominational leaders. This process demonstrates how the beliefs of individual congregants influence decision-making, such as disclosure and provision of professional help, when clergy are found to have misconduct. It is also reflective of similar clergy selection processes among a large percentage of Christian

denominations that independently choose clergy (e.g. Baptists, 2007). The initial decision to recruit participants from multiple universities was made to ensure appropriate numbers of participants were available, however because adequate participation numbers were achieved by soliciting participants from only one university a decision was made to not solicit participants from other institutions. The student population of the target university is comprised of students from 33 states, 8 foreign countries, and 14 denominations (Fact Book, 2007).

Two hundred fifty-six participants completed surveys. Twenty-three participants were dropped from the main analysis due to missing variables, this accounted for less than 5% of each variable with missing data. According to (Tabachnick and Fidell, 2001) dropping cases is an acceptable method of dealing with missing data for this percentage. Only one variable, denominational affiliation, had missing cases that equaled more than 5%. Due to the large number of church affiliation groups indicated and the uneven distribution of these affiliations, church affiliation was dichotomized into “Church of Christ” and *other* within the analysis. Cases lacking church affiliation data were grouped into the *other* category. Despite failing to complete church affiliation question, 57.1% of cases with missing church affiliation (20 participants) indicated that they attended a church. Fifteen participants (42.9%) did not attend any church.

Because it is possible that some missing data cases were actually affiliated with Churches of Christ, and therefore wrongfully included in the *other* category, additional analyses were run in which these cases were dropped. Dropping these cases also accounted for the possibility that the 15 participants who stated no church affiliation and

no church attendance had no experience as part of a congregation and were therefore inappropriate participants in the study. Overall results of the study appeared to be largely unaffected by dropping these cases. Thus, results reported in chapter IV are of the initial analyses, not alternative analyses. See footnote 1 (p. 50) to compare alternative analyses with results from the main study. Specific demographic characteristics of the final sample can be seen in Table 1 on the following page. The four largest ethnic groups and five largest church affiliations are listed.

Table 1

Participant Demographics		
Demographic	Category	Result
Age	Mean	21.53
	SD	5.35
	Range	18-55
Sex	Female	61.6%
	Male	38.4%
Ethnicity	Euro-American	77.7%
	Hispanic	10.0%
	African-American	4.4%
	Other	8%
Religious Affiliation	Church of Christ	50.7%
	Baptist	17.2%
	Non-denominational	15.4%
	Methodist	4.1%
	No affiliation	4.1%
	Other	8.9%

Table 1 continued

Church Attendance Frequency	Does not attend	10.4%
	Less than once a month	4.8%
	Approximately once a month	7.2%
	Approximately once every two wks	11.2%
	Approximately once a week	32.1%
	More than once a week	34.1%
Alcohol Use Frequency (In past month)	Does not drink	40.2%
	Less than once a month	29.1%
	Approximately once a month	9.1%
	Approximately once every two wks	10.2%
	Approximately once a week	7.1%
	More than once a week	4.3%
Pornography Use Frequency (In past 6 months)	Does not use pornography	62.3%
	Less than once a month	26.2%
	Approximately once a month	4%
	Approximately once every two wks	4%
	Approximately once a week	1.6%
	More than once a week	2%

N = 233

Procedures

Data for this study were collected during a two week period in October of 2007. The initial proposal for this study stated that students would be invited to participate in the research via e-mail using the university's list serve for student e-mail. This method of data collection was chosen because the researcher intended to collect data during summer months when many students would be away from the campus. Because data collection was not able to begin until the fall semester was underway, a decision was made to solicit participation of students at the university campus and to use paper-and-pencil surveys rather than electronic surveys. By using such a method the researcher hoped to gain a greater cross section of students and include those who might not use university e-mail during summer months.

Students who were enrolled in freshmen, sophomore, and junior level biblical studies courses were approached to participate in the study. These courses are part of the university's core curriculum and are thus required for all students at the university. Senior level courses were not chosen because they are generally taken only by students majoring in a form of biblical studies or ministry rather than by all majors. The chosen courses were selected instead of alternate general education courses such as English or math courses, because there are few ways in which students can opt out of biblical studies courses. For example, students attending the university cannot take a placement test to opt out of the biblical studies courses as they can take for English or math courses. Thus, this prevented elimination of students who functioned at academic levels high enough to

test out of basic courses.

In order to minimize intrusion on class instruction time and to minimize pressure students might feel to participate in the study, the researcher visited classrooms at the end of class instruction time so that students uninterested in participating could exit the classroom without pressure to participate with other students. Students who chose to participate had the opportunity to sign up for one of 10 free gift certificates to a local movie theater. Participants were able to provide their name and e-mail address on a sign-up sheet separate from survey packets. Survey packets asked for no identifying information from participants.

Survey packets were distributed in the class and students were invited to take a packet if they were interested in participating. An introduction form, which also explained the nature of the study and participants' rights, prefaced the vignette and questions. According to suggestions from Texas Tech Internal Review Board, the introduction form did not include a line for participants' signatures in order to promote anonymity of the participants. Because the researcher did not count the number of students in attendance during initial visits to classrooms the response rates for this study are unknown. Following completion of the study, the names of 10 participants were randomly selected and an e-mail was sent to each of these students providing instructions as to when and where they could pick up their gift certificates.

Survey packets each contained one of six possible vignettes and subsequent questions regarding the students' beliefs regarding the clergy member portrayed in the vignette. Although the intent of the study was to measure responses regarding

pornography addiction against alcohol addiction and marital status, an assumption was made that congregants make judgments about the character traits of clergy with alcohol and pornography addiction that differ from beliefs about clergy with no known addiction. To test this assumption a comparison study was conducted simultaneously with the main study. Two of the six vignettes depicted either a married or unmarried minister with no indication of a pornography or alcohol addiction (Appendix D). Respondents were asked to rate clergy character traits based on the amount of information given. Respondents did not answer questions regarding how the congregation or the participants would respond to the clergy member, as the questions were not applicable since no indication of an addiction was given.

The remaining vignettes described either a married or an unmarried minister who had characteristics of either alcohol or pornography addiction. The decision to use a case vignette was based upon a previous study in which the same format was employed to garner congregants' attitudes toward problematic alcohol use by clergy (Scott & Rosenberg, 1998). The vignettes describing an addicted clergy member included the four indicators of addiction as described by Carnes (1984) – unmanageability, increased tolerance, escalation of behavior, and medication of mood. The purpose of the study was not to assess congregants' recognition of addiction. However, for internal validity purposes, addictive behavior was described in each of the four remaining scenarios.

The vignettes described a male clergy member as opposed to a female cleric because, although numbers of female ministers are increasing, male ministers are more numerous in most Protestant denominations (Hussain, 2008; Mainline; 2007; Women

Clergy; 2006). In addition, although sexual addiction exists among women, men are much more likely to use pornography (Ropelato, 2007a). To ensure construct validity, the case vignettes were distributed to several clergy prior to data collection. This was done to ensure that scenarios were plausible and consistent with clergy's experiences of colleagues involved in misconduct. All feedback indicated that the scenarios depicted were representative of known cases of clergy misconduct. According to suggestions from clergy, changes were made in the wording of the vignettes to reduce the amount of clinical language and use wording more conducive to readers unfamiliar with therapeutic jargon. The vignettes were redistributed to clergy, who did not indicate need for any further changes.

Literature does not address differences in responses to married clergy with addictions versus unmarried clergy. However, literature regarding pornography addiction of married clergy does suggest that spouses have been blamed for the addiction (Ferree, 2002). The researcher theorized that an unmarried cleric with an addiction might be viewed differently than a married cleric with the same problem, thus unmarried clergy with either a pornography or an alcohol problem were described in addition to married clergy with such problems.

Alcohol was chosen as the comparison variable in this study because it is the only other researched clergy addiction (Scott and Rosenberg, 1998). In addition alcohol provides internal validity to the study because it, like pornography, it is legal when appropriately used. Evidence also exists that alcohol abuse exists within clergy populations (Doyle, 1991; Presbyterian Panel, 1992).

Measures

Participants' Beliefs. The principle researcher developed a questionnaire to follow the four vignettes depicting a clergy member with an addiction. This questionnaire is referred to as *participants' beliefs*. The included questions asked participants how they believed a church congregation should respond to the minister's situation and how the participants would personally respond to the minister. Such questions were designed to test how participants would support responses, such as disclosure to the congregation, that are indicated to be healthy responses of a congregation (Brubaker, 1993; Knudsen, 1995). They also assessed participants' willingness to support behaviors that may be helpful to the clergy member, such as providing financial assistance for professional help. Questions were ranked on a five-point scale (1 = strongly disagree, 5 = strongly agree). Two of the questions were open ended and were not included in the statistical analysis. These asked the participants to state to whom (if anyone) the minister should disclose his addiction and how the participants would feel if the person depicted was their church minister.

Character Trait Index. A following set of questions, referred to as a *character trait index*, asked students to rate the clergy member on 20 character traits. The trait index was designed to assess congregants' general assumptions regarding the character of clergy depicted with and without addictions, in addition to differences by marital status. Traits listed were the clergy member's degree of care, compassion, conscientiousness, considerateness, dependability, ethicalness, fairness, forgiveness, friendliness, generosity, giving, hardworking, helpfulness, honesty, kindness, loyalty, trustworthiness,

understanding, and religiousness (Appendix B). These characteristics were identified by Aquino and Reed (2002) as qualities people associate with moral individuals. In addition, capability to lead a congregation was added to the list, based on expectations that clergy are the spiritual leaders of a congregation (Ryan & Wolery, 1999). Chronbach's alpha level for the 20 traits included in the index was .96. Participants ranked the degree to which they perceived the clergy member possessed each trait on a five point scale (1 = strongly disagree, 5 = strongly agree). These were subsequently summed to reach a trait rating total score which could vary from 20 to 100.

Statistical Analyses

The initial proposal called for use of a factorial 2 x 2 ANOVA design to test research questions 1 and 2. According to King and Minium (2003), factorial ANOVA is the appropriate choice when one wants to compare the means of more than two groups. Mertler and Vannatta (2005) explain that factorial ANOVAs are used when a researcher has one quantitative dependent variable (DV) and two categorical independent variables (IVs). It is appropriate because the analysis can account for not only group difference significance but also for interaction between levels of IVs.

Decisions to control for the covariates age, gender, denominational affiliation, frequency of church attendance, use of alcohol, and use of pornography, in this study necessitated the use of a ANCOVA design. (The questionnaire used for the study solicited frequency of alcohol and pornography use among participants who indicated prior use of these. However, inconsistency in responses indicated that not all participants understood instructions regarding how to answer these questions. Concerns about the

validity of these responses prompted the researcher to include only whether participants had recently used alcohol or pornography, not the frequency of the use.) Tabachnick & Fidell (2001) explain that an ANCOVA is an extension of the analysis of variance design (ANOVA) in which the main effects and interactions of the IVs are assessed after DV scores are adjusted for effects of covariates. In addition, the decision to create a control group in which participants rated the character traits of clergy with no addiction created a 2 (marital status) x 3 (addiction) ANCOVA. Use of the ANCOVA design answered the questions (R₁) whether differences in trait ratings of clergy exist between the two addictions and (R₂) whether differences in trait ratings of clergy exist between married and unmarried clergy addicted to pornography.

Table 2: ANCOVA Design

Addiction Type				
Marital Status		No Addiction	Pornography Addiction	Alcohol Addiction
	Married			
	Single			

* DV: Summed Character Trait Index score.

** Covariates: age, gender, use of alcohol, use of pornography, denominational affiliation and frequency of church attendance

The categorical independent variable addiction was coded 2 for vignettes depicting alcohol addiction, 1 for descriptions of pornography addiction, and 0 for control vignettes that did not include a description of an addiction. The categorical independent variable marital status was coded 2 for unmarried and 1 for married. The quantitative dependent variable, trait ratings, summed the scores of all 20 trait ratings.

3 through 8 were tested using a MANCOVA analysis. According to Tabachnick and Fidell (2001), MANCOVA is appropriate when one wants to compare the means of more than two groups using multiple IVs and multiple quantitative DVs while controlling for effects of other variables. Covariates controlled for in this analysis were age, gender, use of alcohol, use of pornography, denominational affiliation and frequency of church attendance. Scores from individual questions regarding participants' beliefs comprised the quantitative IVs while dependent variables were addiction type and marital status. The MANCOVA sought to determine (1) whether church members' beliefs about responses to the clergy member varied significantly between addictions and (2) whether church members' beliefs about responses to the clergy member varied according to marital status of pornography addicted clergy.

Table 3: MANCOVA Design

Addiction Type			
Marital Status		Pornography Addiction	Alcohol Addiction
	Married		
	Single		

* DVs: Participants' Beliefs

** Covariates: age, gender, use of alcohol, use of pornography, denominational affiliation and frequency of church attendance

CHAPTER IV

Results

The focus of this study was to evaluate congregants' beliefs toward clergy pornography addiction, specifically as it compared to clergy alcohol addiction. Initially, a 2 x 3 ANCOVA was used to determine attitudes toward clergy character traits. Tests of main effects were employed to determine differences between groups. Finally a 2 x 2 MANCOVA was run to test whether congregants' beliefs about how the addiction should be addressed differed according to type of addiction and marital status.

Character Trait Ratings

A 2 x 3 analysis of covariance (ANCOVA) was conducted to test the research questions regarding whether congregants would give significantly lower trait ratings to clergy with pornography addiction as compared to alcohol addiction and whether congregants would give lower trait ratings to married clergy with pornography addiction as compared to unmarried clergy. It was also used to confirm prior assumptions that congregants would rate clergy with no addiction differently than clergy with addictions. The dependent variable for this analysis was the character trait index while the independent variables were marital status and addiction type. In this analysis, addiction type included no addiction, pornography addiction or alcohol addiction. Covariates for the analysis were age, gender, frequency of church attendance, use of alcohol, use of pornography, and denominational affiliation. Prior to the analysis, variables were screened for accuracy of data entry, missing values, and fit between their distributions and the assumptions of the chosen analyses. Due to the large number of denominational

affiliations indicated and the uneven distribution of these affiliations, this variable was dichotomized into “Church of Christ” and *other*. Cases in which no denominational affiliation was listed were automatically included in the *other* category.

Two-hundred fifty-six participants completed questionnaires. Twenty-three participants were dropped from the ANCOVA analysis due to missing data, resulting in 233 questionnaires used. Among the 233 questionnaires included in the analyses were 35 surveys which did not list participants’ denominational affiliation. To account for the possibility that cases with no stated denominational affiliation might actually be associated with Churches of Christ (and thus not belong in the *other* category) a separate analysis was run which excluded this missing data. Results are reported in footnote 1 on page 50.

Examination of descriptive statistics revealed non-normality among several variables. According to Tabachnick and Fidell (2001) the appropriate response to non-normality is to transform variables so that their distribution more closely meets the assumptions of normality required for the statistical analyses. Transformed variables from the *congregants’ beliefs* measure are designated according their numerical marking on the questionnaire. To reduce moderate positive skewness, square root transformations were applied to the question of whether church funds used for treatment (question #5). Square root transformations were also applied to variables with a negative skew - age and whether addiction will affect job (question #6). To reduce extreme skewness logarithmic transformations were conducted for the variable which asked whether the minister should tell someone about his problem (question #1). A preliminary ANCOVA was conducted to

test for homogeneity of regression slopes and homogeneity of variance. Because the assumptions of homogeneity were met for both tests a full ANCOVA was run to examine the influence of the independent variables (addictions and marital status) on the dependent variable (character trait index).

Interaction between type of addiction and marital status was not significant $F(2,221)=.80, p=.451$. Results did however, show a significant main effect for marital status $F(1,221)=6.10, p<.05, MSE=3.12, \eta^2=.03$ and type of addiction $F(2,221)=7.46, p<.001, MSE = 3.81, \eta^2=.06$. Additionally, the covariate *use of alcohol* significantly affected the character trait index $F(1,221)=9.62, p<.01, MSE=4.92, \eta^2=.04$.¹

¹ Results were similar to the initial ANCOVA, with significant main effects for marital status $F(1, 197)=5.88, p<.05, MSE=3.00$, addiction type $F(2, 197)=6.17, p<.01, MSE=3.15$, and significant impact of covariate alcohol use, $F(1,197)=10.13, p<.05, MSE =5.16$, on the dependent variable. The only discrepancy was the significant impact of the covariate pornography use on the dependent variable, $F(1,197)=4.80, p<.05, MSE=2.45$.

Table 4

ANCOVA Results: Variables affecting Character Trait Index scores

	<i>F</i>	<i>MSE</i>	<i>p</i>
Marital Status**	6.10	3.12	.01
Addiction Type***	7.45	3.81	.001
Age [†]	1.34	.69	.25
Gender [†]	.33	.17	.57
Denomination [†]	.97	.49	.33
Alcohol use ^{†**}	9.62	4.92	.002
Pornography use [†]	3.19	1.63	.08
Church frequency [†]	.33	.17	.57

[†] = covariates
** $p \leq .01$ *** $p \leq .001$

To discover whether significant group differences existed between types of addiction, tests of main effects were conducted. Results revealed significant differences in trait ratings between the comparison study (no addiction) and pornography addiction $p < .001$. Likewise, significant differences were found between no addiction groups and alcohol addiction $p < .001$. Table 5 presents the adjusted and unadjusted means of the trait ratings given by congregants.

Table 5

Adjusted and Unadjusted Means of Character Trait Index Scores

	Adjusted	Unadjusted	SD
No addiction	4.04	4.01	.71
Alcohol	3.68	3.68	.70
Pornography	3.60	3.61	.79

R₁: Will congregants give lower character trait ratings to clergy with a pornography addiction versus clergy with an alcohol addiction? Both sets of results confirmed the initial assumption that congregants perceive clergy with pornography addiction and alcohol addiction to have lower levels of character traits than those without addiction. Nothing was found, however, to indicate that congregants give clergy with pornography addiction significantly lower character trait ratings than those with alcohol addiction (R_1).

R₂: Will congregants give lower character trait ratings to married clergy with a pornography addiction versus unmarried clergy with a pornography addiction. As reported, significant results for the main effect marital status existed. These indicated that congregants gave married clergy higher character trait ratings ($M = 3.89$, $SD = .72$) than unmarried clergy ($M = 3.65$, $SD = .76$) regardless of the presence of addiction or no addiction $p < .05$. Table 6 presents the adjusted and unadjusted means of the trait ratings given by congregants according to the marital status of the clergy person being rated.

Table 6

Adjusted and Unadjusted Means of Character Trait Index Scores

	Adjusted	Unadjusted	SD
Married Clergy	3.89	3.85	.72
Single Clergy	3.65	3.67	.76

Since results indicated that congregants gave higher character trait ratings to clergy with no addiction, a second ANCOVA ($N = 164$) was conducted using only alcohol and pornography addiction as IVs in order to exclude the influence of trait ratings given to clergy with no addiction. Results again showed that participants gave higher trait ratings to married clergy as opposed to unmarried clergy $F(1, 154)=4.00$, $p=.05$, $MSE=2.04$, $\eta^2=.03$, affirming the research question which asked whether congregants give married clergy with pornography addiction higher trait ratings than unmarried clergy (R_2).

Participants' Beliefs

A 2 (Marital Status) by 2 (Addiction) multivariate analysis of covariance was conducted to address questions 3 through 7. Covariates were age, gender, use of alcohol, use of pornography, denominational affiliation and frequency of church attendance. Prior to the test, variables were transformed to meet assumptions of normality. These were: whether the minister should tell someone about his problem (addiction) (question #1); whether church funds should be used for treatment (question #5); and whether the minister's problem (addiction) would affect his ability to do his job (question #6). MANCOVA results indicated no significant group differences between beliefs of

participants regarding clergy with varying marital status Wilks' $\Lambda = .943$, $F(6, 146) = 1.48$, $p = .188$, $\eta^2 = .06$ or addictions Wilks' $\Lambda = .965$, $F(6, 146) = .88$, $p = .512$, $\eta^2 = .035$.

Table 7

MANCOVA Results: Differences in Marital Status & Pornography Type According to Congregants' Beliefs

	Wilks' Λ	η^2	p
Marital Status	1.48	.06	.19
Addiction Type	.88	.04	.51
Age [†]	1.39	.05	.22
Gender [†]	1.09	.04	.37
Denomination [†]	1.23	.05	.30
Alcohol use [†]	1.36	.05	.24
Pornography use [†]	.59	.02	.74
Church frequency [†]	1.80	.07	.10

† = covariate

R₃: Will congregants be less supportive of disclosing clergy pornography addiction to the congregation than disclosing alcohol addiction to the congregation? On average, participants believed ministers with either addiction should disclose their struggle to another person ($M = 4.40$, $SD = .86$), however they did not agree that this disclosure should be made to the entire congregation ($M = 2.25$, $SD = 1.11$). There was no significant difference in beliefs about disclosure to the congregation according to type of addiction, thus the third research question (R_3) (Are congregants are less supportive of disclosure of pornography addiction?) was not answered affirmatively.

R₄: Will congregants be less likely to believe pornography addicted clergy need professional help as compared to professional help needs of clergy with alcohol addiction; R₅: Will congregants be less likely to support congregational provision of professional help for pornography addicted clergy as compared to alcohol addicted clergy? Congregants generally believed that ministers with either addiction needed professional assistance ($M = 3.94, SD = 1.07$), however they were typically not supportive of using church funds to pay for this treatment ($M = 2.28, SD = 1.19$). Results did not demonstrate that congregants are less likely to believe clergy with pornography addiction need professional help as compared to professional help needs for clergy with alcohol addiction (R_4). No significant differences existed between these two groups. Related to this, participants did not have significantly differing beliefs regarding whether congregations should provide monetary assistance to pay for professional help of clergy with pornography addiction or clergy with alcohol addiction (R_5).

R₆: Will congregants be more likely to think that sexual addiction will affect a clergy member's ability to do his job as compared to alcohol addiction. R₇: Will congregants be more likely to think that a clergy member should be removed from his job for sexual addiction than for alcohol addiction? Participants only marginally agreed that addictions would affect the minister's job capabilities ($M = 3.44, SD = 1.22$) and disagreed that the minister should be removed from his job ($M = 2.03, SD = 1.06$). Interestingly, participants did not indicate that clergy were more affected in their job capabilities by pornography addiction as compared to alcohol addiction (R_6). Likewise, congregants were not more likely to think that a clergy member afflicted with

pornography addiction should be removed from his job as compared to a minister with alcohol addiction (R₇).

CHAPTER V

Discussion

The results of this study affirmed some research questions, disaffirmed others, and provided unexpected information that gives direction for further research. Based on the results of this study it can be concluded that congregants make varying judgments about the character traits of clergy members according to the marital status of that minister and whether or not the minister has an addiction. They do not, however, draw distinctions between the character traits of clergy based on the type of addiction present. They believe clergy with an addiction should disclose their struggle to another individual, even a mental health professional, and minimally agree that the addiction will affect a minister's job capabilities. However they do not think the effect on his job is great enough to warrant removal from his position and they do not want to use church funds to pay for any treatment he receives. Further discussion of these beliefs yields implications for clinicians and for additional research in this area.

Congregants' Judgments about Clergy Character Traits

It was not surprising to learn that congregants generally gave higher character trait ratings to clergy who suffered from no addiction than from those afflicted with a pornography or alcohol addiction. However, the results of this study indicate that although congregants perceive clergy with addictions to have lower levels of character traits, they do not seem biased toward the type of addiction. This result is encouraging as it does not indicate a greater stigma against those who have an addiction to pornography. Although clergy with addictions are not viewed as favorably as those who are free from

addiction, the implication is that difficulties with sexuality within a Christian setting may not have a greater stigma than other common struggles.

Returning to Bronfenbrenner's bioecological theory (2001), the environment with which the clergy member interacts influences his actions. According to Bertalanffy (1969) the congregational system influences the clergy member. Reduced stigma toward pornography addiction may promote a better atmosphere for healing and acceptance of clergy who struggle with this sexual difficulty. For example, Carnes (2001) asserts that sexual addicts hold dysfunctional beliefs about themselves, such as the belief that "I am basically a bad and unworthy person" and "No one would love me as I am" (p.152). Although a recovering addict must address issues of shame on a personal level, greater feelings of acceptance by members of one's own community may promote healthier methods of coping with this shame.

A surprising result of this study was the way in which congregants appear to be influenced by the marital status of clergy when they make judgments of clergy character traits. Results did not affirm R₂, which questioned whether congregants would give lower character trait ratings to married clergy with a pornography addiction. Instead, results showed that congregants gave married clergy higher trait ratings regardless of the presence of addiction.

The importance of this result appears to be that marriage gives more legitimacy to clergy, so that even if they suffer from an addiction they are still looked upon more favorably than unmarried clergy with the same addiction. This may have important implications for the ways in which unmarried clergy are treated or perceived by

congregants. Very little literature, if any at all, exists which addresses the experiences of unmarried clerics in Protestant groups. However, given that the average age for marriage within the general population is rising (U.S. Census, 2005) it is possible that greater numbers of individuals may enter the field of ministry before marriage. The results of this study suggest that more attention should be paid to the experiences of single clergy members. In addition the role of marriage as a vehicle of legitimacy for individuals in ministry deserves further attention.

Congregants' Beliefs Regarding How to Address Addiction

Beliefs About Public Toward Disclosure and Impact on Congregations

The results of this study showed congregants' attitudes toward disclosing pornography or alcohol addiction to a congregation did not significantly differ. This result did not affirm R₃, but provided invaluable information. Overall, congregants did not believe that the presence of either addiction should be revealed to the congregation. This information appears to contradict recommendations from the literature. Current experts on congregations affected by clergy sexual misconduct state that congregations cannot heal in a healthy manner if they do not receive honest (although not necessarily explicitly detailed) information about the nature of the misconduct (Brubaker, 1993; Knudsen, 1995).

Assuming these same recommendations apply to congregations affected by clergy pornography addiction, the reluctance of congregants to share this knowledge with an affected congregation has implications for how congregations will heal from the traumatizing effects of the event. For example, protecting secrets within a system

promotes circulation of misinformation and gaps in the congregational story. This decreases the ability of congregations to make sense of and come to terms with what has happened within their church family (Knudsen, 1995; Hopkins, 1993b, 1993c). As previously noted, many Protestant congregations use lay members in the composition of their leadership. Thus, the attitudes and beliefs of lay members have the potential to strongly influence formal congregational responses to clergy pornography addiction.

The literature on clergy sexual misconduct and affected congregations generally refers to misconduct that includes direct involvement with another person (e.g. an affair with another parishioner or molestation of a counseling client). In such contexts, congregants are considered “secondary victims” (Friberg, 1995). The assumption of this study is that congregants are also victimized by a clergy member’s pornography use due to mistrust and betrayal, among other factors. This fits with concepts from general systems theory (Bertalanffy, 1968) which assumes that systems are reciprocally impacted by the actions of each other.

Results of this study would be most accurately interpreted in light of a congregation’s perceived level of victimization. It is possible that the traumatization of congregants is less in situations of clergy pornography addiction than in other cases of sexual misconduct. If the cleric has taken no direct action against another person, and the extent of the sexual involvement is limited only to images, congregants may perceive this as a less egregious offense. Thus their attitudes toward disclosure may be affected by a belief that the addiction does not affect the congregation because it does not directly involve victims from the congregation. A point of future research may be to determine

whether attitude differences toward disclosure exist when congregants are presented with scenarios involving pornography addiction versus scenarios depicting clergy sexual misconduct with another individual.

Another distinction in attitudes toward disclosure may be whether or not members of the congregation are aware of the cleric's addiction. There are multiple descriptions of church members, staff, or leaders becoming aware of a minister's inappropriate sexual conduct (Brubaker, 1993; Friberg, 1995). The literature that addresses congregational responses to clergy sexual misconduct assumes that other individuals connected to the congregation are aware of the misconduct and are making decisions regarding how to handle it. Such a scenario differs from this condition presented in this study, which depicted a minister whose struggle with pornography was unknown to his parishioners or overseers. It is unknown whether study participants would have given differing opinions about disclosure to the entire congregation if they believed a handful of members (e.g. the church staff and overseers) were already aware of the problem.

Beliefs About Private Disclosure and Professional Help

Congregants' disinclination toward public disclosure of addictions has interesting implications for their beliefs about confession and accountability within Christian circles. Although they did not support public disclosure, participants did support confession to another individual. It does not appear, however, that they believed this individual should necessarily be a mental health professional. Although congregants generally agreed that clergy with alcohol or pornography addiction needed professional assistance (counseling) ($M = 3.94$, $SD = 1.07$), the agreement was not as strong as agreement to privately disclose

the addiction to another person ($M = 4.40$, $SD = .86$). This information may indicate a belief among some congregants that addiction should be handled privately without involvement of “outsiders.” Literature, however, points to factors that support the need for professional involvement.

Literature on clergy sexual misconduct indicates clergy with sexual addiction are vulnerable to beliefs that distort their thinking. Carnes (1992) identifies beliefs of sexual addicts as *denials* that their addictive behaviors are part of overall patterns, *rationalizations* for behaviors, and *sincere delusions*. Regarding denials, Laaser (2004) says that clergy may deny that they have an addiction because of the profound consequences for a clergy member. Both clergy and congregants may believe that clergy are not supposed to have problems – particularly sexual addictions. Denial on the part of the clergy members may include beliefs that they cannot admit to sexual problems because they are supposed to be the spiritual leaders and role models for their church community. Laaser (2004) also says clergy caught in sexual addiction may rationalize their indulgence in pornography and masturbation by telling themselves that this does not harm their families or congregants. At an extreme end, clergy may sincerely believe that they have special protection from God or permission because of their ordination. Other thought distortions identified by Laaser include blaming behavior on others, a sense of entitlement to the behavior due to the strains of the profession, and using the ministry profession to outrun the shame of their addiction. Clergy who suffer from such distorted thinking may require the input and expertise of professionals who can recognize and challenge problematic beliefs. A survey of clergy who admit to Internet pornography use

indicated that while 69% prayed about their pornography use, only 4% sought assistance (Gardner, 2001; Reed, 2001). Congregants who support the notion of professional assistance for clergy with pornography addiction may improve the likelihood that the cleric will receive helpful intervention.

Beliefs About Church Funds

Although congregants generally agreed with the idea that clergy caught in addiction needed professional help, they were unwilling to provide that help using church funds. This has implications for the treatment received by clergy caught in addictions. Compensation for ministers may vary from congregation to congregation. However, clergy often receive no health care benefit packages with their salaries. Congregants may be unaware that ministers must often rely on the benefit package of a working spouse, pay for their own health care insurance, or forgo such benefits altogether. Certainly, some health care plans do not include provision for adequate mental health services or addiction treatment; however individuals without health care most definitely have fewer resources from which to pay for treatment. One consideration is that assuming financial responsibility for their own treatment helps addicts have a greater sense of investment in the services they receive. On the other hand, inadequate financial resources may prohibit addicted clergy from seeking or receiving appropriate services. In addition, excess financial burden may further stress the cleric's marital relationship, which is strained by the presence of the addiction (e.g. Laaser, 2004). One implication from these results is that congregations and their clerics may benefit from education regarding the advantages of professional help in cases of addiction and awareness of the health benefits (or lack

thereof) given to clerics.

Beliefs About the Impact of Addiction on Job Performance

Congregants' reluctance to use church funds to pay for professional treatment may be tied to their low agreement regarding whether the addiction affects his job abilities. Although they generally agreed the addiction would impact his job capabilities, congregants did not appear strongly convinced of this ($M = 3.44$, $SD = 1.22$). These results may be affected by the role congregants perceive clergy to have. Friberg (1995) points out that the impact of clergy sexual misconduct on congregations is mitigated by the role of the cleric in that particular denomination or congregation. The nuances of the role may also affect how much congregants perceived the minister's job capabilities to be affected. It is likely that a cognitive dissonance exists for individuals who look to clergy for moral guidance and find a moral failure. While many within the general population may argue that addiction does not constitute a moral pitfall, the results of clergy character trait ratings in this study clearly indicate that congregants perceive clergy with addictions to be less moral individuals. From this perspective it seems likely that congregants who experience a cognitive dissonance between their expectations of clergy and actual behavior would assume clergy are unable to fill their job responsibilities.

The role of perceived moral failure, however, may have varying influence on congregants' perspectives of the same job responsibilities. As Friberg (1995) notes, the role of the cleric and an individual's type of spirituality (intrinsic versus extrinsic) impact the way in which congregants perceive clergy misbehavior. For example, within Protestant congregations the job emphasis is often on preaching and teaching Scripture.

Congregants who believe personal sin affects one's ability to receive clear direction from God may believe that clergy with habitual moral failures (addiction) cannot clearly interpret or teach scripture or provide moral guidance. Those who do not give consideration to personal sin in relation to a minister's ability to study scripture and impart knowledge may not perceive an addiction to have any influence his job capabilities. Given that the agreement on this point was relatively low, the results may suggest that congregants perceive some aspects of the minister's role to have little connection to personal behavior. Future research should investigate the perceived roles of clergy and congregants' connection between such roles and the cleric's personal behavior.

Beliefs Regarding the Cleric's Removal from Ministry

Despite their belief that job performance would be impacted by an addiction, congregants did not agree that the clergy member should be removed from his job. This result coincides with results from the study of congregants' attitudes toward clergy alcohol addiction (Scott & Rosenberg, 1998), which also showed that congregants were unsupportive of removal from a job position. This result does not fit with the many stories within the literature on sexual misconduct, which indicates that clergy are often removed from their job positions (e.g. Anonymous, 1991; Laaser, 2004). Because the imminent threat to others appears reduced in cases of pornography addiction versus sexual misconduct against others, it may seem less relevant or necessary to remove the minister from his job position. Congregants may perceive the offenses of sexual misconduct in a different manner than they perceive pornography addiction and thus be

less inclined to have the minister removed. Their willingness to remain under the leadership of a clergy member with an addiction appears to be a powerful statement about their continued trust in his abilities as a spiritual guide.

Conclusions and Implications

In summary, congregants view the character of clergy with addictions less favorably than that of clergy without addiction and they judge single clergy less favorably than married clergy. They do not, however, assess the character of clergy differently based upon the minister's type of addiction. Their desire is that clergy with addictions continue working, while keeping their addiction relatively private, and receiving professional treatment without using church funds. Congregants appear to maintain these beliefs regardless of whether the addiction is to pornography or alcohol.

Although clergy with pornography addiction are not judged more harshly due to their type of addiction, the marital status of clergy members influences the way in which they are judged. The results of this study have implications for single ministers regardless of whether or not they suffer from an addiction. Single ministers may struggle to gain equal respect or recognition. In addition, it appears that the current attitudes toward disclosing addiction may have negative consequences for congregations attempting to heal from secondary victimization due to a minister's addiction. Furthermore, although congregants generally believed clergy should receive professional help, their disinterest in providing financial support for this treatment may mean that fewer clergy actively seek and receive such treatment. Nevertheless, congregants' attitude toward clergy's job status suggests they would not support a cleric's loss of livelihood based on the presence of his

addiction.

In short, the attitudes toward clergy with pornography addiction do not appear as harsh as some might suspect. Yet the implications for healing of both the cleric and the congregation appear mixed, as attitudes toward specific ways of addressing addiction differ.

Implications for Marriage and Family Therapists

One important implication for mental health professionals is the role of clinicians in addressing the needs of congregations affected by clergy pornography addiction. Due to their training in systemic functioning and experience working with challenging systems (such as difficult family systems), marriage and family therapists are especially suited to work with larger systems experiencing difficulty. Shumway et al. (2007) point out that while using systems concepts to intervene in organizations is not a new approach (Fuqua & Newman, 2002; Harrison, 1987; Hermansson, 1993; Kilburg, 1995), some methods of organizational intervention (Hirschorn & Gilmore, 1980; Short, 1985; Shumway et al., 2007) have applied concepts from a specific marriage and family therapy theory, structural family therapy (Minuchin, 1974). The application of specific marriage and family theories in organizational intervention highlights the relevance of marriage and family therapists as appropriate consultants for troubled organizations, including churches.

There are indications that the role of marriage and family therapists in organizational intervention is growing. One set of authors (Shumway et al., 2007) note that marriage and family therapists are showing increasing interest in working with

employee assistance programs, which receive requests for intervention from a variety of organizations. Laaser (2004), who provides guidance for congregational healing, suggests congregations affected by clergy sexual misconduct hire an outside consultant. In fact many current consultants who work with churches affected by clergy sexual misconduct refer to systemic and family systems concepts in their conceptualization and assessment of such congregations (Hopkins, 1993a; Hopkins & Laaser, 1995). Thus it seems fitting for marriage and family therapists to fulfill needed roles.

It seems likely that marriage and family therapists are well suited for work with troubled congregations based on personal characteristics of the therapists. One survey of several mental health disciplines (psychologists, psychiatrists, social workers, and marriage and family therapists), found that marriage and family therapists were the most religious of all four groups. In addition, their practices most closely resembled the religious practices of the public (Bergen & Jensen, 1990). In a later survey (Carlson et al., 2002), which assessed MFT's beliefs about addressing religiosity and spirituality in therapy, 62% described themselves as religious persons and 51% stated that their spirituality influenced their choice of marriage and family therapy as a career path. Another 62% agreed that their practice as an MFT is part of their spiritual development. While distinctions may be drawn between the terms religiosity and spirituality, it appears that many MFTs consider themselves to be both. Many marriage and family therapists may view their therapeutic work as adjunct to their work in church ministry. Thus, a large population of MFTs will work with and around churches or clergy based on the setting of their professional work or their active participation in their religious community.

Laaser (2004) points out that churches often have unhealthy systemic dynamics. Similar to problematic family rules, churches may also adhere to implicit rules such as, “we don’t talk, we don’t feel, and we blame others for our problems” (p. 209). Church leaders, such as associate ministers, who are close to the situation or deeply affected by their colleague’s behavior, may not make sound decisions in the immediate midst or aftermath of the crisis. The role of professionals trained in systemic dynamics may be invaluable in facilitating clear communication in such large group settings. Several authors have suggested congregational meetings that allow members to come together and discuss what has happened (Brubaker, 1993; Friberg, 1995; Laaser, 2004). Although not all members of the congregation will want to take part in discussions, encouraging congregations to talk in healthy manners (e.g. about their feelings, not gossiping about the details of the misbehavior) is an important part of healing for many individuals. Laaser suggests counselors as appropriate professionals to help facilitate such discussions. As noted, marriage and family therapists may be especially suited for this position.

Another vital role for marriage and family therapists is as an educator on issues of sexuality and sexual addiction. Not only will an informed understanding of sexual addiction aid in healing, but it may also be beneficial for those within congregations who also struggle with forms of sexual addiction (Laaser, 2004). The crisis of the minister’s pornography addiction can be used as an opportunity for education and outreach to others with a secret addiction. Clinicians skilled in addiction recovery may be a vital asset to congregations wishing to use their current difficulty as a catalyst for positive change.

Finding opportunities to bring positive results from a trying time can be an important part of the healing processes for churches.

In addition, although the focus of this study was on pornography addiction, the same implications may also be true for congregations in which the minister has been found to have an alcohol addiction. Opportunities for education about alcoholism and outreach to those struggling with the addiction may result from any crises involving the church minister. Clinicians educated in substance or alcohol addiction may provide valuable direction to congregations wishing to establish programs that cater to such needs. It is likely that knowledge of their minister's struggle with alcohol addiction may highlight any addictions found within the families of church members. As in cases of clergy pornography addiction, systemically trained clinicians can also be a resource for congregations navigating through the upheaval of discovered addiction.

Further clinical implications from this study include the need for clinicians to be aware of the unique conditions surrounding clergy addicted to pornography. Results demonstrate that clergy with addictions are viewed less favorably than those with no addiction. As opposed to professionals in less conspicuous job positions, addicted clergy who enter the counseling office have either lost standing among their congregants or fear this loss should their congregants learn of the addiction. Despite this, it appears that congregants do not wish for their ministers to be removed from their positions and thus opportunities for reconciliation between the minister and the congregation appear to exist.

Limitations and Future Research

One limitation of the research was the young age of the participants. In this study

the average age was 21.53 years. In addition, fifty-two percent (52%) of these participants reported having viewed pornography in some manner. It seems plausible that this could be an inaccurate number; it is possible that because the study was conducted in a religiously affiliated institution (and questionnaires were distributed in biblical studies classes) students underreported their exposure to pornography. In addition this number does not account for the frequency or circumstances under which the pornography was seen. For example, the information does not specify whether pornographic images were repeatedly sought out or accidentally viewed (e.g. unwelcome images that the student received in an unsolicited e-mail). Nevertheless, given the prevalence of pornography and sexualized media to which this young age group is exposed, the opinions of these individuals regarding clergy use of pornography may differ from that of an older cohort. Knowledge of how congregants perceive clergy pornography addiction would be greatly enhanced by a more diverse sample of ages.

Likewise, an increase in the ethnic diversity of samples would also strengthen knowledge of this area. In this study Caucasian individuals comprised the majority of participants (77.7%) while Hispanics represented 10.0% of students and other ethnicities composed a little more than 12% of the sample. A more diverse sample would allow for generalizations beyond a Caucasian population.

A further limitation was that the type of pornography viewed by the clergy member was not specified in the vignette. This was a purposeful decision so participants could employ their personal definitions of pornography when responding to the vignette. For example, some might define pornography as magazine ads sent out by lingerie stores

(e.g. Victoria's Secret) while others would not consider this to be pornographic material. Definitions of pornography according to the researcher's standards might have hindered the responses of participants who held a different definition of pornography than the one presented by the researcher. It is possible, however, that if types of pornography had been specified, congregants might have held differing beliefs and made differing judgments about the character of clergy members. For example, congregants may have had differing reaction to clergy viewing heterosexual pornography as opposed to clergy viewing homosexual pornography. Ultimately, this was beyond the scope of the present study, but it is a strong point of consideration for future.

Several considerations for future research exist. Because no significant difference was detected between congregants' attitudes toward clergy with either pornography or alcohol addiction, results suggest congregants recognize clergy are capable of sexual fallacy just as they are capable of substance abuse. One point of interest is whether this non-discriminatory attitude between addictions exists within communities of Christian twelve-step recovery groups. Christian twelve-step groups exist to promote healing from various addictions (e.g. Celebrate Recovery). For those interested in accessing the resources of such groups, it would be important to gather information regarding the climate of acceptance toward clergy with pornography addiction versus other forms of addiction.

A second area of future study is whether or not congregants perceive sexual fallacies to be worse for clergy than for lay persons. In the study of clergy alcohol addiction (Scott & Rosenberg, 1998) congregants identified clergy alcohol patterns as

more problematic than the same alcohol patterns of other professionals. It is possible that congregants judge character traits of clergy with pornography addiction differently than other professionals with pornography addiction.

Congregants' perceptions of pornography addiction in clergy as compared to pornography addiction in lay persons were beyond the scope of this study. It would be useful to know whether congregants perceive sexual missteps of clergy differently than they regard the same missteps of other professionals. The pedestal upon which clergy are placed might suggest differences in expectations regarding this behavior. The only empirical study of congregants' perceptions of alcohol addiction found that congregants were harsher in their judgments of clergy alcohol use than they were of the same type of alcohol use by non-clerics (Scott & Rosenberg, 1998).

The experiences of single clergy ministers in Protestant groups is a topic not yet explored; however results from this study offer support for research regarding the role of marriage in clergy/congregational dynamics. Other extensions of this study include changes to scenarios given to participants that more closely resemble reports of sexual misconduct found in the literature. For example, attitudes toward disclosure may be clarified by having participants rate addiction scenarios involving only pornography use versus scenarios that depict sexual misconduct with members of the congregation. Further distinctions could be drawn through scenarios in which some members of the congregation (e.g. the church staff and overseers) were already aware of the addiction. Finally, beliefs about how the addiction impacts a cleric's role responsibilities might be better addressed by examining congregants' beliefs on ministers' roles and the

connection between such roles and personal behavior.

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APPENDICES

Appendix A

Vignettes and Congregants' Beliefs

Chad is a 35-year-old married minister. Prior to entering ministry he attended a Christian university where he earned a degree in Bible and ministry. Chad has a history of successful ministry experiences at the churches where he has worked. He is both well-liked and respected by his current congregation. However Chad is worried about his inability to stop a certain behavior. He has secretly viewed pornography on occasion in the past, but has lately found himself doing this more and more often – particularly when he has felt stressed. He has also noticed that the graphic nature of the pornography has increased. He feels guilty about his behavior and has prayed for forgiveness, but has not been able to stop. He does not know what to do.

Please indicate your level of agreement or disagreement with the following statements.

1. Chad should tell someone about his behavior.
Strongly Disagree 1 2 3 4 5 Strongly Agree
2. If so, with whom should he share?
3. The congregation should be told of Chad's behavior.
Strongly Disagree 1 2 3 4 5 Strongly Agree
4. Chad needs professional help (e.g. counseling) for his situation.
Strongly Disagree 1 2 3 4 5 Strongly Agree
5. Church funds should be used to provide Chad with professional help.
Strongly Disagree 1 2 3 4 5 Strongly Agree
6. Chad's situation will affect his ability to do his job.
Strongly Disagree 1 2 3 4 5 Strongly Agree
7. Chad should be removed from his ministry position.
Strongly Disagree 1 2 3 4 5 Strongly Agree
8. If Chad were your preacher, how would you feel if you learned of his situation?

Chad is a 35-year-old unmarried minister. Prior to entering ministry he attended a Christian university where he earned a degree in Bible and ministry. Chad has a history of successful ministry experiences at the churches where he has worked. He is both well-liked and respected by his current congregation. However Chad is worried about his inability to stop a certain behavior. He has secretly viewed pornography on occasion in the past, but has lately found himself doing this more and more often – particularly when he has felt stressed. He has also noticed that the graphic nature of the pornography has increased. He feels guilty about his behavior and has prayed for forgiveness, but has not been able to stop. He does not know what to do.

Please indicate your level of agreement or disagreement with the following statements.

1. Chad should tell someone about his behavior.
Strongly Disagree 1 2 3 4 5 Strongly Agree
2. If so, with whom should he share?
3. The congregation should be told of Chad's behavior.
Strongly Disagree 1 2 3 4 5 Strongly Agree
4. Chad needs professional help (e.g. counseling) for his situation.
Strongly Disagree 1 2 3 4 5 Strongly Agree
5. Church funds should be used to provide Chad with professional help.
Strongly Disagree 1 2 3 4 5 Strongly Agree
6. Chad's situation will affect his ability to do his job.
Strongly Disagree 1 2 3 4 5 Strongly Agree
7. Chad should be removed from his ministry position.
Strongly Disagree 1 2 3 4 5 Strongly Agree
8. If Chad were your preacher, how would you feel if you learned of his situation?

Chad is a 35 year old married minister. Prior to entering ministry he attended a Christian university where he earned a degree in Bible and ministry. Chad has a history of successful ministry experiences at the churches where he has worked. He is both well-liked and respected by his current congregation. However Chad is worried about his inability to stop a certain behavior. He has secretly used alcohol on occasion in the past, but has lately found himself doing this more and more often – particularly when he has felt stressed. He has also noticed that the amount of alcohol he uses each time has increased. He feels guilty about his behavior and has prayed for forgiveness, but has not been able to stop. He does not know what to do.

Please indicate your level of agreement or disagreement with the following statements.

1. Chad should tell someone about his behavior.
Strongly Disagree 1 2 3 4 5 Strongly Agree
2. If so, with whom should he share?
3. The congregation should be told of Chad's behavior.
Strongly Disagree 1 2 3 4 5 Strongly Agree
4. Chad needs professional help (e.g. counseling) for his situation.
Strongly Disagree 1 2 3 4 5 Strongly Agree
5. Church funds should be used to provide Chad with professional help.
Strongly Disagree 1 2 3 4 5 Strongly Agree
6. Chad's situation will affect his ability to do his job.
Strongly Disagree 1 2 3 4 5 Strongly Agree
7. Chad should be removed from his ministry position.
Strongly Disagree 1 2 3 4 5 Strongly Agree
8. If Chad were your preacher, how would you feel if you learned of his situation?

Chad is a 35-year-old unmarried minister. Prior to entering ministry he attended a Christian university where he earned a degree in Bible and ministry. Chad has a history of successful ministry experiences at the churches where he has worked. He is both well-liked and respected by his current congregation. However Chad is worried about his inability to stop a certain behavior. He has secretly used alcohol on occasion in the past, but has lately found himself doing this more and more often – particularly when he has felt stressed. He has also noticed that the amount of alcohol he uses each time has increased. He feels guilty about his behavior and has prayed for forgiveness, but has not been able to stop. He does not know what to do.

Please indicate your level of agreement or disagreement with the following statements.

1. Chad should tell someone about his behavior.
Strongly Disagree 1 2 3 4 5 Strongly Agree
2. If so, with whom should he share?
3. The congregation should be told of Chad's behavior.
Strongly Disagree 1 2 3 4 5 Strongly Agree
4. Chad needs professional help (e.g. counseling) for his situation.
Strongly Disagree 1 2 3 4 5 Strongly Agree
5. Church funds should be used to provide Chad with professional help.
Strongly Disagree 1 2 3 4 5 Strongly Agree
6. Chad's situation will affect his ability to do his job.
Strongly Disagree 1 2 3 4 5 Strongly Agree
7. Chad should be removed from his ministry position.
Strongly Disagree 1 2 3 4 5 Strongly Agree
8. If Chad were your preacher, how would you feel if you learned of his situation?

Appendix B

Character Trait Index

Based on what you know about Chad, rate how much you believe he possesses the following qualities.

	Strongly Disagree				Strongly Agree
Capable of leading a congregation	1	2	3	4	5
Caring	1	2	3	4	5
Compassionate	1	2	3	4	5
Conscientious	1	2	3	4	5
Considerate	1	2	3	4	5
Dependable	1	2	3	4	5
Ethical	1	2	3	4	5
Fair	1	2	3	4	5
Forgiving	1	2	3	4	5
Friendly	1	2	3	4	5
Generous	1	2	3	4	5
Giving	1	2	3	4	5
Hardworking	1	2	3	4	5
Helpful	1	2	3	4	5
Honest	1	2	3	4	5
Kind	1	2	3	4	5
Loyal	1	2	3	4	5
Trustworthy	1	2	3	4	5
Understanding	1	2	3	4	5
Religious	1	2	3	4	5

Appendix C
Demographic Questions

Gender (Circle one) Male Female

Age _____

Major _____

Church Affiliation (or denomination) if any _____

Ethnic or Racial Group Membership (check all that you feel apply)

- White/Caucasian or Euro-American
- Native American/Indian American
- Black/African American
- Pacific Islander
- Middle Eastern
- Asian (please specify: _____)
- Hispanic/Latino
- Other (please specify: _____)

How would you describe the following behaviors? (Check one)

Occasional drinking

- Sinful behavior
- Acceptable behavior (not sinful)
- Other [describe] _____

Habitual drinking

- Sinful behavior
- Acceptable behavior (not sinful)
- Other [describe] _____

Occasional pornography use

- Sinful behavior
- Acceptable behavior
- Other [describe] _____

Habitual pornography use

- Sinful behavior
- Acceptable behavior
- Other [describe] _____

1. Do you attend a church? (Circle one) Yes No
 If no, skip the question below
- If yes, how often do you attend? (Check one)
 - Less than once a month
 - Approximately once a month
 - Approximately once every two weeks
 - Approximately once a week
 - More than once a week
2. Have you ever viewed pornography? (Circle one. If no, skip the next 2 questions)
 Yes No
- If yes, have you viewed pornography within the past 6 months? (Circle one)
 Yes No
- If yes, how often have you viewed pornography? (Check one)
 - Less than once a month
 - Approximately once a month
 - Approximately once every two weeks
 - Approximately once a week
 - More than once a week
 - Daily
3. Have you ever consumed alcohol? (Circle one. If no, skip the next two questions.)
 Yes No
- If yes, have you used alcohol in the past month? Yes No
- If yes, how often have you used alcohol?
 - Less than once a month
 - Approximately once a month
 - Approximately once every two weeks
 - Approximately once a week
 - More than once a week
 - Daily

Appendix D

Pilot Study Vignette

Chad is a 35-year-old married minister. Prior to entering ministry he attended a Christian university where he earned a degree in Bible and ministry. Chad has a history of successful ministry experiences at the churches where he has worked. He is both well-liked and respected by his current congregation.

Based on what you know about Chad, rate how much you believe he possesses the following qualities.

	Strongly Disagree			Strongly Agree	
Capable of leading a congregation	1	2	3	4	5
Caring	1	2	3	4	5
Compassionate	1	2	3	4	5
Conscientious	1	2	3	4	5
Considerate	1	2	3	4	5
Dependable	1	2	3	4	5
Ethical	1	2	3	4	5
Fair	1	2	3	4	5
Forgiving	1	2	3	4	5
Friendly	1	2	3	4	5
Generous	1	2	3	4	5
Giving	1	2	3	4	5
Hardworking	1	2	3	4	5
Helpful	1	2	3	4	5
Honest	1	2	3	4	5
Kind	1	2	3	4	5
Loyal	1	2	3	4	5
Trustworthy	1	2	3	4	5
Understanding	1	2	3	4	5
Religious	1	2	3	4	5

Appendix E
Introduction and Consent Form

You are being asked to participate in a research study. The study is being conducted by LynnAnne Joiner, M.M.F.T. and Steve M. Harris, Ph.D. If you would like to contact Dr. Harris, his number is (806) 742-5050. The purpose of the study is to evaluate beliefs that college students have regarding situations in which ministers find themselves. To participate in this study you will answer a series of questions. We expect that it will take you less than 10 minutes to complete.

Participation in this study is voluntary. There is no penalty for not participating or withdrawing at any time. Students who do not wish to participate may choose not to do so simply by choosing not to complete the questionnaire. In addition, students may choose to stop participating even after they have begun by simply not answering further questions.

Some questions are personal. Some might remind you of situations that you have experienced. These questions might cause some people to feel uncomfortable. If you become too uncomfortable while you are answering the questions you may choose to skip over questions or stop answering them completely. If any negative feelings continue after you have finished answering the questions you may benefit from talking with someone in the university counseling center. The number to the university counseling center is 720-7478

Students who participate in this research will receive an opportunity to win a gift certificate. You will have the chance to win the gift certificate even if you decide to stop answering questions after you have started.

If you have any questions about your rights as a participant or about injuries caused by this research, contact the Texas Tech University Institutional Review Board for the Protection of Human Subjects, Office of Research Services, Texas Tech University, Lubbock, TX 79407. Or you can call (806) 742-3884.



November 1, 2007

Dr. Steve Harris
Applied & Professional Studies (APS)
Mail Stop: 1162

Regarding: 500994 Congregants' Responses to Clergy Pornography Addiction

Dr. Steve Harris:

The Texas Tech University Protection of Human Subjects Committee approved your claim for an exemption for the proposal referenced above on October 26, 2007.

Exempt research is not subject to continuing review. However, any modifications that (a) change the research in a substantial way, (b) might change the basis for exemption, or (c) might introduce any additional risk to subjects must be reported to the IRB before they are implemented.

To report such changes, you must send a new claim for exemption or a proposal for expedited or full board review to the IRB. Extension of exempt status for exempt projects that have not changed is automatic.

The IRB will send annual reminders that ask you to update the status of your research project. Once you have completed your research, you must inform the Coordinator of the Committee either by responding to the annual reminder or by notifying the Coordinator by memo or e-mail (donna.peters@ttu.edu) so that the file for your project can be closed.

Sincerely,

Rosemary Cogan, Ph.D., ABPP
Protection of Human Subjects Committee