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An Exploratory Investigation of Loneliness and Types of Coping Behavior among Roman Catholic Priests

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AN EXPLORATORY INVESTIGATION OF LONELINESS AND TYPES OF COPING BEHAVIOR AMONG ROMAN CATHOLIC PRIESTS

by

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VITA

The author, Sunil Alexander Rupesinghe, is the son of Matthew Edwin Rupesinghe and Bridget (Silva) Rupesinghe. He was born June 2, 1950, in Colombo, Sri Lanka.

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In August 1985, Rev. Rupesinghe was sponsored by the Province of the Holy Spirit of the Congregation of the Blessed Sacrament, enabling him to commence his graduate studies in Counseling Psychology at Loyola University of Chicago, USA.

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CHAPTER I

INTRODUCTION

Loneliness,according to many authors, is a widespread and personally distressing phenomenon (Jones, Freemon, & Goswick, 1981; Rook, 1984; Schultz & Moore, 1984). Weiss (1973) attributes this distress to a deficit in the fulfillment of human need for intimacy and social integration. Goswick and Jones (1981), agreeing with Weiss (1973), maintain that dissatisfaction with the number and quality of one's social and emotional relationships results in the pain of loneliness. Russell, Peplau, and Ferguson (1978) warn that loneliness could become a serious mental health problem. The population that has attracted much of the research attention with respect to loneliness is the college student population (e.g. Jones et al., 1981; Michela, Peplau, & Weeks, 1982; Russell, Cutrona, Rose, & Yurko, 1984; Wittenberg & Reis, 1986). Interestingly, Jones, Hobbs and Hockenbury (1982) have claimed that loneliness is not the prerogative of a particular status, such as married vs. divorced, young vs. aged. Their studies

indicate that even the young and vibrant are subject to loneliness.

A few studies designed to study loneliness among adult and elderly populations have also been conducted (Lopata, 1969; Weiss, 1973; Russell, Peplau, & Cutrona, 1980; Ellison & Cole, 1982). Schultz and Moore (1984) attribute loneliness of the elderly to their situation in life where they may experience multiple losses simultaneously. Loss of social and economic power, of gainful employment, of friends through death, of health and sensory capacity, of life's partner, are incidents that reportedly increase loneliness during the later stages of life of the elderly.

Although loneliness among priests has not been extensively studied, there is some limited evidence to suggest that loneliness is a serious problem experienced by many priests. Kennedy, Heckler, Kobler and Walker (1977) conducted a study designed to clinically assess catholic priests. They categorized priests into 4 groups in terms of their socio-psychological development: (1) maldeveloped, (2) underdeveloped, (3) developing, and (4) developed. They found the majority (57%) of their subjects to be under-developed in that the majority of the priests reported that they had no close friends and had only a few intimate experiences. Their study is complimentary to that of Sheehan and Kobler (1976) who studied catholic bishops of America.

Sheehan and Kobler (1976) found that only a very limited number of bishops fell under the category of 'poor development'. Those poorly developed bishops preferred to be alone and described themselves as often experiencing loneliness. Hoge, Shields and Verdieck (1986) conducted two surveys of priests, (in 1970 and in 1985). They found no change in the percentage of very lonely priests from one survey to the other. They also recorded loneliness as one of the main frustrations priests felt both in 1970 and in 1985, second only to their reported frustration over the way authority is exercised in the church. The spring 1987 Newsletter of the Vicar for Priests (Ventura, 1987), a publication of the Archdiocese of Chicago, identified loneliness as one of the main reasons prompting priests to take leaves of absence.

There is one investigation that has specifically studied loneliness in Catholic priests (Schnabel & Koval 1979). Schnabel and Koval assumed that all priests would share a similar low level of intimate relations (i.e., an intimacy deprivation) and found significant correlations between priests' experience of serious loneliness and perceived need for intimacy, an expressed need for sexual intimacy, a desire to marry, and more frequent dating behavior. They concluded that "priests were more likely to experience loneliness as a serious problem when they perceive that the social network which they regarded as most

significant in their lives (the Church) placed some kind of structural limitation on the extent of their involvement in it" (p.410).

The study reported here was designed to extend Schnabel and Koval's (1979) findings by assessing the extent of chronic and situational loneliness among priests, exploring the coping strategies that priests use in dealing with loneliness, and ascertaining whether chronically lonely priests use different coping strategies than do situationally lonely and non-lonely priests.

CHAPTER II

REVIEW OF LITERATURE

Many investigators have studied the phenomenon of loneliness. Some have experimented with people regarding their social skills and have attempted to relate results to loneliness. Wittenberg and Reis (1986) studied first year college roommate pairs. They concluded that (1) social skills and negativity produce independent effects on loneliness, (2) the negativity of lonely persons' perceptions of others extends to well known friends, (3) androgenous subjects possessed traits such as social assertion, acceptance and responsiveness to others and were the least likely to report loneliness. Sloan and Solano (1984) studied male undergraduates with regard to their conversational styles. They concluded that lonely males were significantly more inhibited in social interactions, speaking less than non-lonely males both with strangers and with roommates. Jones, Hobbs and Hockenbury (1982) undertook two studies on conversational behavior using unmarried college students and concluded that (1) lonely students gave less partner

attention to their conversational partners than did non-lonely students, and (2) that increased use of partner attention (with training) resulted in significant reduction in loneliness. Gerson and Perlman (1979) studied female undergraduates regarding loneliness and expressive communication and concluded that situationally lonely people were more expressive than chronically lonely or non-lonely people.

Others have collected responses through surveys and interviews. Schmich (1987) interviewed experts and people living alone. Her newspaper article which appeared in 6 parts made the distinction between the words, quoting Paul Tillich, "...lonely to express the pain of being alone ...and solitude to express the glory of being alone" (p.7). Rubenstein and Shaver (1982a) collected data by publishing an 84-item questionnaire in newspapers around the country. They found out that parental death had no lasting effect on the loneliness of adults, that age correlated negatively with loneliness, and that geographic mobility was not related to adult loneliness. Jones, Freemon and Goswick (1981) studied loneliness in the student population to determine what contributed to its persistence. They found, (1) that lonely students rated themselves and others more negatively than non-lonely students did on their attractiveness, (2) that lonely students expected others to

rate them negatively, and (3) that in general non-lonely students did not differentially rate the lonely students in their attractiveness. Jones, Freemon and Goswick (1981) concluded that loneliness may be perpetuated by its cognitive and affective concomitants. Williams and Solano (1983) studied college students to test whether loneliness is associated with having fewer friends and whether lack of intimacy is similarly perceived by the partners in the relationship. They found that lonely students did not differ in the number of friends listed, but friends were significantly less likely to return this friendship choice.

Still others have theorized from their clinical experience. Lopata (1969) examined the loneliness experienced by widows. She maintained that strain in relations with married friends and lack of social friends after their spouses death increased feelings of loneliness. Moustakas (1972) looked at loneliness as a positive response to life and love. Being lonely for Moustakas is an opportunity to get in touch with oneself. Rayburn (1986) suggested that training in assertiveness, development of social network, and changing of irrational beliefs as important therapeutic strategies in helping deal with the loneliness.

As Weeks, Michela, Peplau and Bragg (1980) said, loneliness is not subject to manipulations in laboratory experiments, and so is difficult to isolate from other

related emotional experiences such as anxiety and depression. Yet the attempt to isolate the experience of loneliness, to measure it and to study its dynamics has not ceased.

Definition of loneliness

Beck and Young (1978) described a typology of loneliness consisting of 3 dimensions: chronic loneliness, situational loneliness, and transient loneliness. According to Beck and Young, "Chronic loneliness evolves when an individual is not able to establish satisfactory interpersonal relationships over a period of years" (p.89). Situational loneliness is a loneliness due to changes in one's life situations, like college students leaving home or moving to a new house and/or job. Transient loneliness, which according to Beck and Young (1978) is probably the most common phenomenon, is referred to as an "everyday garden variety of loneliness, the periodic passing mood that usually disappears as soon as someone comes to talk with one" (p.89). In contrasting chronic loneliness with situational loneliness, Young (1982) maintained that chronic loneliness is associated with more long term cognitive behavioral deficits in relating to other people than is situational loneliness. Young also maintained that chronically lonely people probably need help in resolving their loneliness and that situationally lonely people can

resolve their loneliness by themselves.

In 1979, Gerson and Perlman published a study of loneliness and the communication skills of 66 female undergraduate students and separated them into categories of situationally lonely, chronically lonely and non-lonely. Gerson and Perlman (1979) found that situationally lonely students were better communication senders than chronically lonely students. Hanley-Dunn, Maxwell and Santos (1985) also upheld the typology of situational loneliness and chronic loneliness. According to them, a "highly significant relationship was obtained .... among loneliness, chronic loneliness and negative interpretations of interpersonal interactions" (p.445). Sloan and Solano (1984) in their study on the conversational styles of lonely males with strangers and roommates, found that chronic loneliness had a strong connection to a lack of closeness and acceptance, even in ongoing relationships with well-known others.

Investigators usually identify the kind of loneliness they have under investigation. Rook (1984) in her study on strategies for helping the lonely and socially isolated, spoke of people whose loneliness is persistent or chronic, arising from disrupted social lives or never having any satisfactory social relationships. She called for preventing loneliness from contributing to more serious problems such as depression and alcoholism by such strategies as emotional

support during transitional periods following major social loss and helping the lonely to develop activities they can engage in independently. Prevention of loneliness calls for interventions specifically tailored for groups known to be at high risk for chronic or severe loneliness. The goal of loneliness intervention according to Rook, is "to provide greater options for those who seek to improve their social relations and particularly to offer hope to those whose aloneness is unwanted and prolonged" (p.1403).

Parson and Wicks (1986) limited their study to chronic loneliness (i.e., an enduring condition of emotional distress and not a transient, situational or infrequent feeling of isolation). They found that dysfunctional thinking of the lonely needs be modified. They advocated a learning process where the lonely are directed to differentiate thoughts from feelings. To recognize and eliminate the cognitive distortions through cognitive therapy was also recommended.

From that which is reported above it appears as though it may be important to identify the pervasiveness of these categories of loneliness in different populations. By identifying different categories of loneliness, it may then be possible to identify appropriate coping strategies for dealing with the various forms of loneliness.

Coping Strategies

Researchers have collected data on various coping methods lonely people use. Rook (1984) referred to research on the link between loneliness and alcohol use, adolescent delinquency, aggressiveness, and suicide. Schultz and Moore (1984) found that older adults cope with their loneliness through such strategies as: (1) finding something specific to do, (2) watching TV or listening to music, (3) talking or corresponding with someone, (4) reading, and (5) physical activity.

Rubenstein and Shaver (1982a) conducted factor analyses of responses to the question "When you feel lonely, what do you do about it?" They found four factors which they named (1) sad passivity, (2) active solitude, (3) spending money, and (4) social contact. Sad Passivity was highly associated with loneliness (46.6% of the common variance); responses in that category included: cry, sleep, sit and think, do nothing, overeat, take tranquilizers, watch television, drink or 'get stoned'. The responses grouped under active solitude were study or work, write, listen to music, exercise, walk, work on a hobby, go to a movie, read, or play music. The spend money factor included the responses spend money and go shopping. The social contact category, which was least correlated with loneliness (12.0% of the common variance), dealt with loneliness more directly by

calling a friend or visiting someone.

Paloutzian and Ellison (1982) found that most people said they coped by getting alone to think (65.7%), listening to music (67.1%), talking to a close friend (54.1%), reading (52.4%), spending time with friends (51%), and eating (50.2%). Also, 42% said that they found prayer effective.

Schultz and Moore (1984) investigated coping with loneliness by older adults. They found that 39% usually find something specific to do, 37% watch TV or listen to music, 26% talk or correspond with someone, 24% read, and 17% get involved with some type of physical activity. These results differed from those of Paloutzian and Ellison (1982) who found that 67% got alone to think and 50% to eat. Schultz and Moore (1984) believed that methodological factors may account for these differences. Because the incidents of self-reported loneliness were quite low, Schultz and Moore reasoned that responses may have been guided by speculation and cultural expectations rather than actual experience with loneliness. Rook (1984), spoke of coping with loneliness as one of three goals of intervention. The other two goals being alleviation and prevention. Coping, according to Rook, can be facilitated by (1) emotional support from a third party during transitional periods, and (2) help in developing activities that can be enjoyed alone. Ellison and Cole (1982) contend that television watching that is used by

many a lonely person is an ineffective method of coping.

That said, the present study was designed with three general purposes in mind: (1) to assess the pervasiveness of chronic and situational loneliness among priests, (2) to explore coping strategies that priests use to cope with loneliness, and (3) to ascertain if certain types of coping strategies are differentially associated with chronic and situational loneliness.

CHAPTER III

METHOD

Participants

From a total of 500 randomly selected Roman Catholic priests from the Archdiocese of Chicago to whom a set of questionnaires was sent, 256 responded by returning usable questionnaires. Thus, the final sample consisted of 129 Diocesan and 124 Religious priests. The age ranged from 27 years to 90 years (M=52.9, SD=14.6). Of the sample, 49.6% were in the parish ministry (25% were Pastors, 24.6% were Copastors), 12.9% were Educators, 12.9% were Administrators, 6.3% were Chaplains, while 10.2% were retired priests.

Instrumentation

A set of 3 questionnaires and a demographic data sheet were completed by all participants. The first two questionnaires consisted of 2 different versions of the UCLA Loneliness Scale. One version (Recent Loneliness Questionnaire; RLQ), directed respondents to indicate how often they felt the way described in each statement for the previous two weeks and the other version (General Loneliness

Questionnaire; GLQ) directed respondents to respond to each item as they feel for life in general. The third questionnaire (Coping Questionnaire; CQ) was a 23-item coping scale devised by Paloutzian and Ellison (1982) that directed respondents to indicate the likelihood of using a particular coping strategy. Finally, the demographic data sheet contained questions on religious affiliation (i.e., Diocesan or Religious), type of work (i.e., pastor, copastor,educator, administrator, chaplain, retired), and age.

Situational and Chronic Loneliness Measures. The revised UCLA Loneliness Scale (Russell, Peplau, & Cutrona, 1980) contains 20 positively and negatively worded items asking respondents to indicate on a 4-point scale how often they have felt the way described in the items (1=never, 4=always). The revised version (1980) is reported to be an improved version of the original (Russell, Peplau, & Ferguson, 1978) in which response-bias has been controlled by formulating both positive and negative statements. The revised scale has high internal consistency (Cronbach Alpha=.94; Russell, 1982), and has been found to correlate substantially (r=.91) with the original scale (Russell, Peplau & Cutrona, 1980). In addition, loneliness scores have been shown to correlate with Beck Depression Inventory scores (r=.62) and with Costello-Comrey anxiety (r=.32) and depression (r=.55) scale scores (Russell et al, 1980).

Loneliness scores have also been found to correlate significantly with feelings of abandonment, depression, emptiness, hopelessness, isolation, and self enclosure (all r's above .40, Russell et al., 1980). Loneliness scores have also been reported to correlate significantly with the amount of time students spend alone each day (r=.44), number of social activities with friends (r=-.28), and the presence of close friends (r=-.44; Russell et al., 1980).

Since the revised UCLA Loneliness Scale reportedly measures current loneliness, in the study reported here the scale was used to measure situational loneliness by asking the respondents to indicate how they felt about a particular description for the past two weeks. The scale has also been used to measure chronic loneliness following the modified procedures described by Gerson and Perlman (1979). These modified procedures merely ask respondents to indicate how they felt about a particular description in their life in general. Gerson and Perlman found significantly higher depression scores for the chronically lonely and for the situationally lonely than for the non-lonely on the Beck Depression Inventory. Furthermore, they also found a clear inverse relationship between depression and success in expressive communications for the chronically lonely only.

Coping Measure. In order to explore what priests do when they are lonely, the 23-item Coping Scale employed by Paloutzian and Ellison (1982) in the development of their Spiritual Well-Being Scale, was used. There have been no studies done to estimate the validity and reliability of this 23-item Coping Scale. However, Paloutzian claims that (1) the list of coping behavior was developed from subjects' responses to what they do when they are lonely, (hence, the 23-item Coping Scale is empirically derived), that (2) a similar procedure had been used by Rubenstein and Shaver (1982a & 1982b), and (3) their factor analyses of the Behavioral and Coping items yielded similar results to those of Paloutzian and Ellison. These reported similarities according to Paloutzian, suggest considerable validity for their coping questionnaire (personal correspondence). As indicated earlier, Rubenstein and Shaver (1982) found 4 factors which they named as (1) sad passivity (cry, sleep, think, do nothing, overeat, take tranquilizers, watch television, drink or get stoned), (2) active solitude (study or work, write, listen to music, exercise, walk, work on a hobby, go to a movie, read and play music), (3) spending money (go shopping, spend money), and (4) social contact (calling a friend or visiting someone).

Factor analyses of the 23-items by Paloutzian and Ellison (1982) yielded the following seven factors: (1)

sensually oriented responses (drinking, taking drugs, sex), (2) religiously oriented responses (pray, read the bible), (3) searching responses (go to a movie, go to a play, take a drive), (4) non-social diversions (eat, keep busy, read, study, work), (5) reflective solitude (think, go for a walk), (6) intimacy contacts (talk to a friend, go where friends will be, be with a friend) and (7) passivity (sleep).

Procedures

The set of questionnaires designed to measure situational loneliness, chronic loneliness and types of coping strategies was mailed to 500 priests. To ensure anonymity, no names were requested on the questionnaires. The final sample of 256 participants for the present study was composed of all priests who completed and returned the questionnaires. Two weeks after the questionnaires were sent, I personally contacted 310 priests on the phone and left messages for the rest to encourage them to return the completed questionnaires and to thank them if they had already done so. Of the priests to whom I spoke, 38 said that they had misplaced the set of questionnaire but would try to look for them. Ten said that they would not return it as some of the statements were dealing with very personal issues. Fifty-five said they would return it within the week. The rest said they had already returned the packet and

were happy to be of help. Ten priests for whom a message was left called back; seven to say that they had returned the questionnaires and three to say that they would not participate in the investigation.

CHAPTER IV

RESULTS

Preliminary Analyses

A principal components analysis of the coping questionnaire yielded 8 factors with the eigenvalues greater than 1.00. Varimax rotation to 7 and 8 factors yielded solutions that accounted for 59.3% and 63.7% (respectively) of the total variance in the original correlation matrix. However, the retained factors could not be identified because most contained conceptually unrelated items. It should be noted that the final 7 and 8 factor solutions were also found to be incongruent with those obtained by Paloutzian and Ellison (1982).

Table 1 presents the 7 and 8 factor solutions obtained in the present study along with the Paloutzian and Ellison's (1982) 7-factor solution. Because of the inconsistency between the present solutions and those of Paloutzian and Ellison, and because the solutions obtained in the present study were uninterpretable, the Paloutzian and Ellison solution was used in analyses reported below.

Table 1
The Factor solutions of the present study compared to the factor solutions reported by Paloutzian and Ellison (1982)

Present study		Paloutzian & Ellison
8 Factors	7 Factors	7 Factors
Factor 1 Bar, Sex, Buy, Dance, Movie, Drive	Factor 1 Bar, Sex, Buy, Dance, Movie, Drive, Drink	Factor 1 (Sensual) Drink, Drugs, Sex
Factor 2 Talk with friend Drugs, Go where friends are	Factor 2 Talk with friend Drugs, Go where friends are	Factor 2 (Religious) Pray, Read Bible
Factor 3 Study/work Be with friend Read bks/mags Music	Factor 3 Study/work Be with friend Read bks/mags Music	Factor 3 (Searching) Dance, Movie, Drive
Factor 4 Read Bible, Pray, TV, Eat	Factor 4 Read Bible, Pray, TV, Eat Study/work	Factor 4 (Non-social) Eat, Keep busy, Read bks/mags
Factor 5 Talk to anyone Think, Keep busy	Factor 5 Talk to anyone Think, Keep busy	Factor 5(Reflective) Think, Walk
Factor 6 Sleep	Factor 6 Sleep	Factor 6 (Intimacy) Talk with friend Go where friends are Be with friend
Factor 7 Walk	Factor 7 Walk	Factor 7 (Passivity) Sleep
Factor 8 Drink		

Table 2
Summary statistics on the Recent and General versions of the UCLA Loneliness Scale and Coping Questionnaire

Questionnaires	M	SD	Range	Skew.	Reliab. Alpha
Recent Loneliness (poss. Range 20-80)	35.9	9.1	20-66	.62	.89
General Loneliness (poss. Range 20-80)	36.7	9.5	20-72	.67	.91
Coping Behavior (poss. Range 23-161)	80.8	14.2	14-122	-.48	.69
Sensual	4.8	2.6	3-21	2.58	.49
Religious	8.8	2.6	2-14	-.13	.59
Searching	8.1	3.3	3-21	.29	.41
Non-Social	17.1	3.5	4-25	-.57	.26
Reflective	8.7	2.6	2-14	-.26	.27
Intimacy	13.6	4.3	3-21	-.57	.74
Passivity	3.4	1.8	1-7	.19	-

Table 2 presents summary data obtained from the full sample (N=256) on both of the loneliness questionnaires used in the study. As is evident from the last column of this table, internal consistency estimates, calculated by Cronbach's alpha, revealed satisfactory reliability for both versions of the UCLA Loneliness Scale (Recent=.89; General-=.91). However, the reliability estimates obtained on the Paloutzian and Ellison CQ subscales proved to be less than satisfactory (range=.26 - .74).

Inspection of the distribution characteristics of the questionnaires (see Table 2 for details) revealed that only sensual factor was highly positively skewed. This finding suggests that relatively few priests indicated using this strategy often. The other coping factors were found to be more nearly normally distributed.

Chronic versus Situational loneliness

The sample was divided into three subgroups (the chronically lonely, the situationally lonely, and the non-lonely) on the basis of their scores falling at the upper and lower thirds of the distribution on the recent and general loneliness measures. Respondents classified as chronically lonely (CL; n=65) scored in the upper third of the distribution on both loneliness scales, while those classified as situationally lonely (SL; n=5) scored in the upper third of the distribution on recent loneliness, but in

the lower third of the distribution on general loneliness measure. Non-lonely subjects (NL; n=64) scored in the lower third of the distribution on both scales.

Table 3 summarizes the demographic characteristics of these three sub-samples. It shows that situationally lonely priests were significantly younger than the non-lonely and chronically lonely priests. The three groups significantly differed in the category of ministry (pastor, copastor, educator, administrator, chaplain, or retired). The chronically and situationally lonely groups contained higher percent of chaplains than did the non-lonely group. The non-lonely group contained a higher percent of educators than did the chronically and situationally lonely groups. The three groups, however, did not differ in terms of their affiliation (Diocesan, Religious).

Table 3
Demographic characteristics of the Chronically lonely, Situationally lonely and Non-lonely.

Variables	CL (n=65)	SL (n=5)	NL (n=64)	F^a/x^2
Age				3.0(p<.05)
Mean	53.2	38.8	55.0	
SD	13.6	8.8	15	
Affiliation				.08(p<.95)
Diocesan	27.1%	2.3%	25.5%	
Religious	24.1%	1.6%	23.3%	
Ministry				20.4(p<.05)
Pastor	48.6%	0%	51.3%	
Copastor	52.9%	5.8%	41.0%	
Educator	31.2%	6.2%	62.5%	
Admin	50.0%	0%	50.0%	
Chaplain	75.0%	25%	0%	
Retired	53.8%	0%	46.1%	

Note: CL=chronic loneliness, SL=situational loneliness, NL=non-lonely
[a] dfs for age, affiliation, and ministry were 2,122; 2; 12, respectively.

Primary Analyses

One-way (coping strategy) analyses of variance (ANOVAs) across the three subgroups using the scales of the coping strategy measure as the dependent variable revealed significant differences among situationally lonely, chronically lonely, and non-lonely priests in their use of 4 coping factors: Sensually Oriented responses, $F(2,118)=4.82$. $p< .001$; Intimacy Contacts, $F(2,117)=15.79$, $p< .0001$; Passivity, $F(2,119)=11.23$, $p< .0001$; and Religiously Oriented responses, $F(2,119)=3.51$, $p< .033$. Scheffé Post-hoc comparisons revealed ($p< .05$) that (1) the situationally lonely priests ($M=7.8$, $SD=2.6$) more often used sensually oriented strategies to cope with loneliness than did chronically lonely ($M=5.0$, $SD=2.6$) and non-lonely priests ($M=4.4$, $SD=1.8$); (2) the non-lonely priests ($M=13.8$, $SD=2.5$) used intimacy contacts as coping strategies more often than did chronically lonely priests ($M=11.0$, $SD= 4.3$); (3) the chronically lonely priests ($M=3.8$, $SD=1.6$) used passivity (sleep) as a coping strategy more frequently than did the non-lonely priests ($M=2.4$, $SD=1.7$). In addition, the Tukey and Duncan Post-hoc tests indicated a significantly greater likelihood of non-lonely priests ($M=9.3$, $SD=2.6$) using religious strategies than chronically lonely priests ($M=8.1$, $SD=2.6$).

Supplementary Analyses

The original criteria used to classify subjects as chronically lonely, situationally lonely, and non-lonely led to a classification of only 5 subjects as situationally lonely. In order to try to achieve a greater balance in cell sizes across the three subgroups and a larger situationally lonely cell, a median split procedure was employed for reclassification purposes. With this method, the situationally lonely were redefined as those scoring above the median on the Recent Loneliness Scale, but below the median on the General Loneliness Scale. The chronically lonely were redefined as those scoring above the median on both scales, while subjects scoring below the median on both were reclassified as the non-lonely. This method increased the number of situationally lonely from 5 to 20, while also increasing the number of chronically lonely from 65 to 98 and the number of non-lonely from 64 to 110. Thus, although the cells remained significantly out of balance, the procedure did increase the size of the situationally lonely cell to a reasonable size for analyses.

One-way ANOVAs performed across the three new subgroups on the CQ scales did not yield appreciably different results from the ANOVAs used to test for differences in coping strategies of the originally classified subjects. Those differences found across groups with the original

classification system were found to be the same with the new system with respect to intimacy contacts, passivity, and religiously-oriented responses. An additional significant difference was found on the reflective solitude factor, $F(2,224)=4.65$, $p< .01$. The non-lonely and the chronically lonely seemed to use coping strategies of the reflective solitude factor more often than did the situationally lonely.

CHAPTER V

DISCUSSION AND INTERPRETATION OF RESULTS

Pervasiveness of Loneliness

The results of this study revealed that a little over half of the priests in this sample (52%) were identified by both procedures (median split and upper and lower thirds) to be lonely, with 83% of the lonely priests expressing chronic loneliness using the median split classification procedure and 92% of the lonely priests expressing chronic loneliness using the upper and lower third classification procedure. Whatever classification procedure one prefers, chronic loneliness among the priests included in this sample appears to be rather widespread and may be a significant problem in the clerical community at large. It is an issue that clerical communities may wish to look at closely. As Rook (1984) suggests one approach may be directed at improving the lonely priests' interpersonal ties. Rook (1984) further suggests that a preventive focus might have more long term benefits. Such an approach would be aimed at preventing loneliness from contributing to more serious problems (e.g.,

depression) by (1) providing opportunities for social interactions, educating priests with respect to the need for close friendships, and removing obstacles to social contacts (Rook, 1984), (2) giving greater recognition and status to forms other than love relationships, such as social relationships and particular friendships (Rook and Peplau, 1982), and (3) educating priests with respect to the need to change irrational beliefs (Rayburn, 1986).

Situationally Lonely Priests

The one-way analyses of variance tests revealed a difference between the situationally lonely and the chronically lonely priests. The situationally lonely priests were more likely to use sensually oriented coping strategies (e.g., drinking, taking drugs, and sexual involvement) than were the chronically lonely and non-lonely priests. This recourse to sensually oriented coping strategies may be an attempt to quickly forget the pain of loneliness or, as Lynch (1977) suggests, may be a confusion of sex with love that takes place when loneliness sets in.

Weiss (1973) also theorized that the great need for attachment among the very lonely can lead to inappropriate and potentially troublesome choices. The results of the present study indicate such choices are made more by the situationally lonely priests than the chronically lonely priests. The possibility that one could be very painfully

lonely for a short period of time and mildly lonely for a longer duration and vice versa does reportedly exist in the experience of loneliness. Schnabel and Koval's (1979) finding of a significant correlation between priests' experience of serious loneliness and an expressed need for sexual intimacy (.56), may serve as an example here. One-way ANOVA findings related to the individual coping strategies indicated a significantly greater use of sex as a coping strategy than drinking or drugs by the situationally lonely priests. Furthermore, the situationally lonely priests seemed to use sex more often than did the chronically lonely priests. It appears then that the majority of lonely priests (chronically lonely 83%), though they may express the need for sexual intimacy (as was reported in Schnabel and Koval, 1979), may not act upon it. This indicates that priests may know what they lack but may not attempt to satisfy all their needs. Reasons for this restrain are assumed to be numerous and varied (deep spirituality, fear of authority, fear of scandal). Results of the present study indicate that the majority of lonely priests do in fact refrain from sexually acting out behaviors. This finding, not withstanding the handful of situationally lonely priests who do act out their sexual desires, is a mark of a convinced commitment to celibacy on the part of most of the priests.

A further consideration may be the age factor of the situationally lonely priests in the present study. The non-lonely and the chronically lonely were significantly older than the situationally lonely priests. The greater use of sensually oriented coping strategies by the situationally lonely priests, may be a function of younger priests' liberal attitudes toward priestly commitment. Yet, the median split classification procedure did not support this supposition since no significant difference between the situationally lonely and the non-lonely or chronically lonely with regard to age was found.

In addition, it is of some interest to note that Rubenstein and Shaver (1982a & 1982b), and Paloutzian and Ellison (1982), found that a common response to loneliness in both adults and college populations was to listen to music. This response, in the priest population of this study was found to a high degree only among the situationally lonely priests (100%).

Chronically Lonely Priests

Given the findings reported in the study at hand the question as to whether there is a significant difference between chronically lonely priests and the non-lonely priests in their use of coping strategies is answered in a positive manner. Chronically lonely priests reported using passivity (sleep) more often than did the non-lonely

priests. This kind of coping behavior is consonant with what Rubenstein, Shaver and Peplau (1979) found in their study where people accounted for loneliness in stable and internal terms, such as, 'there is nothing I can do about it'. Such passivity may also lead to depression as Rubenstein, Shaver and Peplau (1979) found in their study. Schultz and Moore (1984) state that loneliness is most often described as involving depression and boredom. In addition, Russell, Cutrona, Rose and Yurko (1984) point out that both social and emotional loneliness lead to feelings of depression. Results of these studies indicate that there is a significant relation between loneliness and depression, however distinct these two constructs may be (Weeks, Michela, Peplau and Bragg, 1980). In and of itself, loneliness seems rather harmless, in that, the chronically lonely priests would rather sleep than get drunk or become sexually active. Yet, the constant threat of depression appears to loom over loneliness and a passive coping strategy such as sleeping may enhance this threat rather than dissipate it.

Non-lonely Priests

The non-lonely priests' coping priorities were found to be religiously-oriented responses and those coping strategies that come under intimate contacts. The non-lonely priests were significantly more likely to use intimacy contacts (talking to, being with, and going to a friend)

than were the chronically lonely priests. Use of this strategy seems to represent a line of demarcation between the non-lonely and lonely groups. Kennedy, Heckler, Kobler and Walker (1977) who assessed Catholic clergy, concluded after extensive interviews and inventories, that the clergy fell into a continuum of sociopsychological development: maldeveloped, underdeveloped, developing, and developed. The underdeveloped, according to the investigators, lacked identity, intimacy, and close friends. The underdeveloped were found to cope with their feelings through repression and intellectualization. This category selection was found to be no different from that of the lonely priests who reported that they coped with their loneliness by using maladaptive behavior patterns (sex, drugs, alcohol) rather than intimacy contacts (talk with friends, go to where friends are, be with friends). The intimacy coping factor is a directing point to all who desire to alleviate the pain of loneliness (Paloutzian and Ellison, 1982). In addition, there exists a negative correlation between the intimacy factor and both RLQ and GLQ (r_s=-.45, -.41 for RLQ and GLQ respectively). It appears that those with higher scores on the RLQ and/or GLQ were less likely to use intimacy contacts than were low scorers.

Of the religiously oriented responses, prayer was found to be the significant coping strategy used by the

non-lonely priests in the sample. It appears that the non-lonely are significantly more likely to use this religious factor than are the chronically lonely. In a survey of priests, Greeley (1972) concluded that loneliness is most likely to be found in those with less frequent religious experiences. This finding was supported by the results of the present study. Furthermore, the religious factor reported here was found to correlate negatively with both RLQ ($r=-.17$) and GLQ ($r=-.10$).

Conclusions, Limitations, and Directions for Future Research

The results of the present study do not imply that the non-use of intimacy contacts or that religious factors are the causes of loneliness. Neither is it implied that intimacy contacts and prayers in themselves, are solutions to the painful feelings of loneliness experienced by priests. There are obviously many other factors, beyond the scope of the present study, that are to be taken into account before reaching such conclusions. One factor may be the dysfunctional thinking that Parson and Wicks (1986) refer to in their paper. Other attributions (Michela, Peplau & Weeks, 1982) of loneliness need also be considered. Within the limits of the study undertaken, it is noted that prayer and contacts with friends stand out as primary coping strategies for those who do not feel lonely either recently or in general.

A major weakness of the study reported here is the psychometric inadequacy of the 23-item Coping Measurement Scale developed by Paloutzian and Ellison (1982). The reliability of the scale as a whole and the reliabilities of the subscales were less than satisfactory (see Table 2, p. 22). Thus, the unreliability of the coping measure may have influenced the results of the present study to some extent, probably attenuating the correlations obtained between the loneliness and coping scales. Thus, future research needs to be done to improving the measurement of coping behavior.

The findings reported above are, not unknown secrets. People in general, as well as priests, do acknowledge the power of prayer and friends in their lives. Whether the use of prayer and the presence of friends is a cause or a consequence of non-loneliness needs to be systematically addressed in future studies. The question of whether promoting the use of prayer and/or friendships would reduce the loneliness of situationally and chronically lonely priests also requires further investigation and clinical attention.

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APPENDIX

RECENT LONELINESS QUESTIONNAIRE

Directions: Indicate how often during THE LAST TWO WEEKS OR SO you have felt the way described in each of the following statements. Circle one number for each.
N=Never, R=Rarely, S=Sometimes, A=Always.

	Statement	N	R	S	A
1.	I feel in tune with the people around me.	1	2	3	4
2.	I lack companionship.	1	2	3	4
3.	There is no one I can turn to.	1	2	3	4
4.	I do not feel alone.	1	2	3	4
5.	I feel part of a group of friends.	1	2	3	4
6.	I have lot in common with the people around me.	1	2	3	4
7.	I am no longer close to anyone.	1	2	3	4
8.	My interests and ideas are not shared by those around me.	1	2	3	4
9.	I am an out-going person.	1	2	3	4
10.	There are people I feel close to.	1	2	3	4
11.	I feel left out.	1	2	3	4
12.	My social relationships are superficial.	1	2	3	4
13.	No one really knows me well.	1	2	3	4
14.	I feel isolated from others.	1	2	3	4
15.	I can find companionship when I want it.	1	2	3	4
16.	There are people who really understand me.	1	2	3	4
17.	I am unhappy being so withdrawn.	1	2	3	4
18.	People are around me but not with me.	1	2	3	4
19.	There are people I can talk to.	1	2	3	4
20.	There are people I can turn to.	1	2	3	4

GENERAL LONELINESS QUESTIONNAIRE

Directions: Indicate how often during YOUR LIFE IN GENERAL you have felt the way described in each of the following statements. Circle one number for each. N=Never, R=Rarely, S=Sometimes, A=Always.

Statement	N	R	S	A
1. I feel in tune with the people around me.	1	2	3	4
2. I lack companionship.	1	2	3	4
3. There is no one I can turn to.	1	2	3	4
4. I do not feel alone.	1	2	3	4
5. I feel part of a group of friends.	1	2	3	4
6. I have lot in common with the people around me.	1	2	3	4
7. I am no longer close to anyone.	1	2	3	4
8. My interests and ideas are not shared by those around me.	1	2	3	4
9. I am an out-going person.	1	2	3	4
10. There are people I feel close to.	1	2	3	4
11. I feel left out.	1	2	3	4
12. My social relationships are superficial.	1	2	3	4
13. No one really knows me well.	1	2	3	4
14. I feel isolated from others.	1	2	3	4
15. I can find companionship when I want it.	1	2	3	4
16. There are people who really understand me.	1	2	3	4
17. I am unhappy being so withdrawn.	1	2	3	4
18. People are around me but not with me.	1	2	3	4
19. There are people I can talk to.	1	2	3	4
20. There are people I can turn to.	1	2	3	4

COPING QUESTIONNAIRE

Directions: What do you generally do when you feel lonely? Circle the number which best describes the likelihood that you would do each of the following:

	highly likely						highly unlikely
1. Eat	7	6	5	4	3	2	1
2. Pray to God by myself	7	6	5	4	3	2	1
3. Get alone to think	7	6	5	4	3	2	1
4. Talk to a close friend about my feelings	7	6	5	4	3	2	1
5. Get to some event/place where friends will be	7	6	5	4	3	2	1
6. Talk to anybody	7	6	5	4	3	2	1
7. Do anything to keep busy	7	6	5	4	3	2	1
8. Spend time with a close friend just to be together	7	6	5	4	3	2	1
9. Sleep	7	6	5	4	3	2	1
10. Listen to music	7	6	5	4	3	2	1
11. Watch television	7	6	5	4	3	2	1
12. Read a book or magazine	7	6	5	4	3	2	1
13. Drink alcohol	7	6	5	4	3	2	1
14. Become sexually involved with someone	7	6	5	4	3	2	1
15. Go to a dance	7	6	5	4	3	2	1
16. Walk anywhere by myself	7	6	5	4	3	2	1
17. Go to a play or movie	7	6	5	4	3	2	1
18. Take a drive	7	6	5	4	3	2	1
19. Go to a bar	7	6	5	4	3	2	1
20. Take drugs	7	6	5	4	3	2	1
21. Read the bible	7	6	5	4	3	2	1
22. Study/work	7	6	5	4	3	2	1
23. Go shopping/buy something	7	6	5	4	3	2	1
24. Other (please specify): _____ _____	7	6	5	4	3	2	1

DEMOGRAPHIC DATA SHEET

SURVEY OF PRIESTS
BY FR. SUNIL RUPESINGHE
LOYOLA UNIVERSITY OF CHICAGO

1. Affiliation (please check one)
   - Diocesan _____
   - Religious _____

2. Age _____

3. Ministry (please check all that apply)
   - Pastor _____
   - Co-pastor _____
   - Educator _____
   - Administrator _____
   - Chaplain _____
   - Retired _____
   - Other _____

APPROVAL SHEET

The thesis submitted by Sunil A. Rupesinghe has been read and approved by the following committee:

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The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

6/3/88
Date


Director's Signature