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Linacre Institute Symposium - The Clerical Sexual Abuse Crisis: Psychology and Christian Asceticism

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Psychology and Christian Asceticism

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Therapeutic models widely utilized by mental health professionals contain assumptions and procedures – often touted by Catholic professionals – that contradict Christian moral doctrine. Well-meaning psychotherapists are often unaware of how these models impede therapeutic progress especially with clergy and religious patients, and have little education or experience to guide them in a manner consistent with Christian ascetical practice. Secular forces within the behavioral sciences have contributed significantly to the current crisis in the Church and to degrading the practice of Christian moral principle. It is therefore incumbent upon Catholic professionals to clarify the role of the behavioral sciences in the diagnosis and treatment of clergy, as far as it is practicable at this time, in support of Church practice and doctrine.

Policy on the psychiatric diagnosis and treatment of Catholic clergy and religious must reflect the wisdom of Christian ascetical and moral tradition. Because of the failure of professionals to give a proper reckoning of the conditions of their patients, and because of an apparent naïve confidence given to professionals by Church leadership, it is imperative at this time of crisis, that the mental health profession defines the nature of the current problem, the boundaries of its competence to address the problem, and the areas of concern in the diagnosis and treatment of clergy.

Although the philosophical foundations were laid in the *Enlightenment*, the current clerical crisis has its social origins in the sexual revolution which took root in the wider culture in the 1950s. This crisis was advanced in part by the scientific research communities and the training centers in the behavioral and medical sciences. These professional

organizations have enjoyed great prestige in society, and even within the highest circles of Church leadership. Such prestige carried with it a (now recognizable) disproportionate influence on the manner of framing and addressing morals, particularly in the areas of human sexuality, on such matters as birth control, abortion, homosexuality, and divorce. Implications of the redefinition of human sexuality were not limited to the area of celibacy, or even chastity, but to the entire practice of Christian asceticism, and to the religious claim to moral authority. Professionals and researchers deemed it appropriate to pit their expertise against the well-tested tradition of Christian ascetical practice. And yet, their expertise was completely ignorant of the tradition that it assaulted. The assault might have failed if it were not for the fact that the defenders of the tradition were unprepared to address the faulty philosophy of the assailants. The poor understanding of the traditional practices, accompanied by limited philosophical insight and a limited understanding of scientific method, stripped the defenders of their defenses. Indeed, it seemed as if the defenders threw the doors open to the assailants.[1] As a belated but vital necessity, churchmen and professionals alike should reclaim the tradition of Christian asceticism to preserve the common good of the Church.

Christian asceticism is the lifestyle of radical simplicity and humility that culminates in the state of perpetual prayer and union with God. Ascetical practice has far-reaching consequences for the psychology of the human person, since it prescribes for its adherents detachment from worldly goods and a humble willingness to resist the ever-present temptation to inflate the ego. Properly directed, ascetical practice engenders deep peace of soul, with a penetrating awareness that all things are ordered to God. The proper practice of asceticism embodies noble goals and more than mere passing sentiments in the hearts of all persons of good will, however, it is not a normal state of man, nor can it be thought of as natural to human psychology. Nevertheless, it is not opposed to human nature properly understood, and rather perfects it. Asceticism offsets the effects of man's fallen nature. With the aid of grace it opposes the tendencies of fallen human nature. Because ascetical practice is sustainable only through divine intervention (i.e., grace), the psychology of it is *sui generis*, requiring a deliberate and specific subject of study.

Despite the impact that asceticism exerts on the psychology of its practitioners, its principles, and even most of its practices, are largely unknown to mental health professionals, except in caricature as a pathological repression. Psychology has not understood that the Christian ascetic always strives to maintain exterior and interior peace. The former requires a peace of the emotions (something known to psychology), the latter a peace of conscience. Celibacy is a unique part of ascetical practice

for all Christians who are not married, and becomes integral to achieving peace of soul. In principle, it is not understood by psychologists and it is barely a consideration, let alone a goal, of psychotherapy.

Psychotherapy, commonly understood, contends not with sin per se, but with emotional or sensible turmoil. Insofar as they each strive for psychological peace, psychotherapy and asceticism have a common purpose. However, psychotherapy contains no doctrine of humility because its principles do not address that ordered relationship of creature to God. Peace of soul for the psychotherapist, qua psychotherapy, remains confined to the emotional state of the person. The practice of authentic humility that engenders peace of conscience is unknown in the broader mental health community.

In the treatment of clergy, one must give careful consideration to the experience and the knowledge base of the clinician. With respect to the knowledge base, mainstream professional training schools give no attention to the study of psychology of asceticism and its attendant humility. Students and therapists from these schools are left without assistance to consider the very difficult questions on the relationship between contemporary psychology and Christian asceticism. For those who turn to the few authors who have addressed the issue of priest psychology, they find therein emphatic assertions that the psychology of the priest is fundamentally identical to that of the layman and that the psychology of the authentic Christian is no different than that of the non-Christian.[2] Further, authors such as these, have brought the entire tradition of celibacy into question, and have no doctrine on virtue or temperance.

The skepticism concerning the traditional ideal of priestly life is focused on celibacy in particular, but the basis of the attacks stem from confusion about the distinction between peace of conscience and emotional calm. As already noted, these attacks emanate from psychological models that have been developed completely without regard to Christian asceticism. But further, nowhere in these attacks is any caution directed to the limitations of measures from these secular models: nowhere do they acknowledge that by the nature of scientific modeling, they would necessarily ignore some features of the personality while highlighting others, which is especially true in regards to the notion of emotional fulfillment and peace of conscience. Under these circumstances, conclusions about the psychology of celibacy will necessarily be defective, not simply because the models conclude that celibacy is an aberrant practice, but because there is no forum within the models that would make an alternative outcome even possible. In other words, the conclusions against celibacy that these models propose are foreordained before data are collected. When researchers study sexual aberrations in the life of priests,

their models incline them to place the source of the aberration on celibacy itself as largely an outcropping of arrested psychological development fixated at the adolescent level of functioning.[3]

The problem of psychotherapy is further complicated by the perception that both religion, or religious practice, and psychotherapy share a common end in producing emotional peace and human fulfillment. The commonality of purpose appears to reinforce the noble ideals of the Christian therapist, but it conceals an underlying philosophical tension that has troubled the relationship between psychotherapy and religion since the inception of the therapeutic movement over one hundred years ago. It also conceals the fact that the ends of psychotherapy, properly understood as emotional peace, are merely a halfway point in the practice of asceticism. However, since psychological models view the ends of man as simply consisting in emotional peace, students and practitioners of psychotherapy are encouraged to view religion with suspicion – which is most common – or at least derogatorily, as only a natural social phenomena that on occasion produces a therapeutic outcome. This latter and less common view captures the interest of religiously inclined adherents, and sustains them as they develop professionally. At the same time, it draws their attention away from fundamental – and largely unresolved – philosophical problems as well as diverting the attention from the problem of scientific modeling.

With respect to the experience of the psychotherapist, the efficacy of psychotherapy is affected by the degree to which therapist and patient share a common view of the world, in respect to both beliefs and practices.[4] Of themselves, psychotherapy models do not lay claim to a clear understanding of any objective end for man's life. These models generally do not define happiness, or explain the moral preconditions necessary for happiness, in a manner which can be applied objectively to all persons. Indeed, some schools of thought explicitly declare the relativity of morals; others bring into question the existence of the free will or the intellect, or the ability of the intellect to grasp objective moral truth. Many schools, being unable to define what is natural, are constrained to view pathological functioning as abnormal or stress provoking. In turn, the causes of psychological distress are placed exclusively in disease or some deterministic influence from society. In these explanations, the free will is not viewed as having a role in emotional functioning, and any appeal to moral excellence as the natural completion of mental health is cut short. For therapist and patient who are both Catholic, these suppositions interfere with the development of moral excellence, which must be the ultimate end of therapy.

The dominant therapeutic models make assumptions about human nature that are either sensualistic or dualistic in form. Given the nearly

universal exposure therapists have to these models, both in training and in professional development, it is virtually certain that they carry them into the therapeutic activity and that these impede celibate practice. Either one of these genres repudiates the notion of original sin, hence obviating the need for asceticism. Theories predicated upon a philosophy of sensualism suggest that the human person is on the same plane with other animal species – more complex, but with no higher spiritual calling and no understanding of either the free will or the intellect. Dualistic theories hold that the human person is a radical dichotomy of mind and body; there is no integral union between body and soul, and hence there is no possibility of a subordinate union of intellect over the passions (emotions). In this latter view, the radical separation between mind and body precludes the development of virtue and Christian asceticism, because aberrant activity by the body is not inimical to the integral union of intellect and the passions – there can be no attack on integrity where integrity cannot exist. Christian therapists acting with the highest ideals are often unaware of the depth to which these philosophies penetrate to the heart of psychotherapeutic activity; they are often unaware of the fundamental problems that these assumptions pose for the treatment of their patients, and the extent to which they interfere with their own therapeutic attempts.

For these reasons, it is important that clear criteria be set forth for mental health professionals who treat Catholic clergy and religious. In the absence of any thorough Catholic analyses of the regnant therapeutic models which would serve as a therapeutic prudence, these professionals should have knowledge of, and commitment to, the following principles:

1. The Church's formal doctrine on free will and original sin.
2. The Church's formal doctrine on sexual morality.
3. Traditional ascetical practices of the Church should be the norm for all Christians, with a special application to priestly celibacy.
4. Celibacy should be the norm for the clerical life, and that it is indeed possible to live a celibate life with the assistance of grace. Indeed, without grace, celibacy is not possible.
5. All psychotherapeutic interventions should be conducive to the development of virtue.

In their professional capacity, pyschotherapists of priests and religious should commit to the following:

1. Regular consultation with an authority thoroughly familiar with Christian asceticism.

2. Regular reevaluation of the suppositions of their therapeutic interventions, with an eye to the avoidance of potential pitfalls regarding the ascetic practice. In this regard, a study of fundamental texts on the principles of asceticism would include *Orthodox Psychotherapy*, or Book One of *The Ascent of Mount Carmel*. *Thomistic Psychology* would provide an elemental philosophical foundation on the psychology of asceticism. Preliminary clinical issues are discussed in *Heroic Sanctity and Insanity*.
3. Also, a general familiarity with development in the spiritual life would include the study of classic texts such as *Fruits of Contemplation*, which is consistent with the above-noted texts.

Recommended Reading

Ascent of Mount Carmel by St. John of the Cross. Translated and edited, with a general introduction by E. Allison Peers from the critical edition of P. Silverio de Santa Teresa. Garden City, NY: Image Books (1958).

Fruits of Contemplation by Victorino Osende. Translated by a Dominican Sister of the Perpetual Rosary, Milwaukee, WI. St. Louis: B. Herder Book Co. (1953).

Heroic Sanctity and Insanity, An Introduction to the Spiritual Life and Mental Hygiene by Thomas Verner Moore. New York: Grune & Stratton (1959).

Orthodox Psychotherapy: The Science of the Fathers by Archimandrite Hierotheos Vlachos. Birth of the Theotokos Monastery (1999).

Thomistic Psychology; A Philosophic Analysis of the Nature of Man by Robert Edward Brennan, O.P. New York: The Macmillan Co. (c.1941).

References

1. *The Catholic Priest in the United States: Psychological Investigations*, by Eugene C. Kennedy & Victor J. Heckler. Washington, D.C.: United States Catholic Conference, Publications Office, 1972 (c1971). Other factors undoubtedly contributed to the current situation, but these are beyond the scope of this paper.

2. See, for example, *The Unhealed Wound: The Church and Human Sexuality* by Eugene Kennedy. New York: St. Martin's Press (2001) and in passim in Kennedy,

1971. Also see *Sex, Priests and Power: Anatomy of a Crisis* by A.W. Richard Sipe. New York: Brunner/Mazel, (1995).

3. See Kennedy (2001). Sipe specifically argues that celibate practice does not arise per se out of sexual deviance, but his assertions that only 2% of priests are in fact celibate places the tradition as in practice untenable. His assertions coupled with the prejudice against authentic religious practice by leading psychologists such as Albert Ellis, reduces celibacy to pathological functioning. See Ellis, A. (1992). "Do I Really Hold that Religiousness is Irrational and Equivalent to Emotional Disturbance?", *American Psychologist* 47(3), 428-429.

4. See for example, Bergin, A.E. & Payne, I.R. (1991), "Proposed Agenda for a Spiritual Strategy in Personality and Psychotherapy," *Journal of Psychology and Christianity* 10(3)m 197-210.