

Treating Clergy Who Sexually Abuse Minors:

A 16-Year Experience in the Professionals and Clergy Program at the IOL

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In 1986, as the Director of Psychology at the Institute of Living, I was asked to join a committee to establish a special program to treat impaired and distressed professionals and clergy. In my role as clinician I have been active in treatment and research into sexuality and the sexual problems with the clergy. To date our program has evaluated about 700 clergy, and about 50 nuns. We are the only major secular psychiatric treatment center in the United States to treat clergy on a large scale. Other treatment centers for Catholic priests and religious brothers are diocesan-based and typically report privileged patient information directly to the Bishop who is responsible for the administration of that facility or to the priest's Bishop. When clergy are treated within the context of a religious program, issues of privacy, confidentiality, secrecy and dual relationships with the employer are raised and may interfere with treatment.

A review of Catholic clergy treated at the IOL and those other religious centers reveals that when minors are abused the victims are predominantly male teenagers. We also see a large group of priests who cross boundaries with adult female parishioners, some of whom become pregnant (and a few get abortions), complicating the underlying sexual theology. Very little attention has been paid to this level of sexual misconduct in the church.

Most priests who abuse minors are not pedophiles. The actual incidence and prevalence of pedophilia in the Catholic priesthood is probably no different from that of the general population.¹ When priests are involved with minors they are typically involved with male teenagers. John Money coined the term "ephebophilia" to apply to an individual's targeting of teenagers for their sexual desires. The general population, along with the professionals, have confused the two types of behaviors, that is pedophilia (which is a diagnosed mental illness of DSM-IV relating to recurrent and sexually arousing fantasies, sexual urges or behaviors involving sexual activity with a prepubescent child or children) and ephebophilia, which is illegal in most states but is not necessarily a mental illness (although some sexually compulsive or addicted individuals may be diagnosed as mentally ill) and refers to having sex with teenagers.

There are approximately 47,000 Catholic priests nationwide of whom between 5 to 7% have been engaged in illicit sex with minors. Some are serial pedophiles. Moreover, the inappropriate handling of sex-offending priests by the Catholic hierarchy has added fuel to the fire by suggesting complicity between the abusive priests and the hierarchy involving the dynamics of denial, minimization and rationalization which are all known in the sex offender field. Recent scandals have suggested that the Catholic Church has paid over one billion dollars to victims of clergy sexual abuse. For the most part, offending priests were treated as sinners vs. criminals and their sexual misbehavior with youth was not taken as a serious or criminal offense.

When priests and religious persons came to us for evaluation and/or treatment they were often in various stages of denial and more interested in preserving their vocations than dealing with the horrors that they may have inflicted on the victim.

Confounding the sociodynamics of the priesthood is that there is an aging priesthood (as of June 2000 the average age of diocesan priests was 57 and for religious priests it was 63, and there were only 298 priests under the age of 30), a dearth of seminarians to fill the ranks, and a priesthood that is primarily homosexual or confused in their sexual orientation (estimates range from 40-60%).² Most older priests in their seminary training entered at an early age (about 14), were reared in an all male privileged and secret society, were told that women were dangerous and that particular friendships with men were discouraged. The psychological atmosphere in the seminaries bred distrust, solitariness, alcoholism, and immature psychosexual development. When viewed from an object relations, developmental, interpersonal, humanistic or psychoanalytical viewpoint the psychology of priestly formation makes no psychological sense in that close relationships with either sex/gender are discouraged. Many of the priests I have evaluated are psychosexually and socially immature. A large subgroup has never had a real intimate

relationship until after ordination. Taking a vow of celibacy did not serve as a substitute for an internal life that was psychologically and psychosocially healthy. For many men, after ordination they were placed in charge of youth ministries where the sexual energy of the youth was intoxicating. In order to treat priests and religious persons the psychologist must understand how the social ecology of priestly formation impacts what they bring to psychotherapy.

In the course of my work with clergy I have determined that many of the priests who acted out with teenage boys were actually heterosexual but acted out with teenage boys opportunistically because they did not perceive their behavior as threatening their vow of celibacy (not to have sex with a woman or get married) and allowed for sexual relief. Richard Sipe estimates that from his study of approximately 1,300 Catholic clergy about 2% are actually celibate, another 18% try to be celibate (and occasionally fail) but that 80% of priests are not sexually chaste or celibate.³

The recent meetings of the Cardinals in Rome in April 2002 pointed to their lack of understanding how much suffering the victims of clergy abuse experience and how the church's continued need for secrecy around sexuality contribute to child sexual abuse. Their conceptualization of the problem was narrowly defined as how to get errant priests back to a ministry. There is an adversarial atmosphere with "victims" of clergy abuse seen as exaggerating, distorting, lying about what happened or trying to use "false memory syndrome" to litigate against the Catholic Church (in some cases this was true). While the NCCB was initially interested in funding a study on Catholic priests who sexually abused minors, the study was eventually voted down by the Bishops because they feared that the findings could be discoverable in a court of law and put them at further financial risk.

As a psychologist I have occasionally been asked to screen seminarians to determine if they are homosexual. At first I was naive about the openness in which the question was asked. I refused such referrals and tried to educate the referral sources about diversity, anti-discrimination and that homosexuality is not a mental illness. While there are whispers from Rome that the current crisis on child sexual abuse is caused by homosexuals, my research and clinical experience tell me they are wrong.

In order to do an appropriate fitness for duty for seminarians the necessary evaluations would include lengthy interviewing and testing in order to weed out those individuals who lack the depth of character and flexibility of personality to manage working in the complex environment of a parish. Moreover, many clergy have complicated physical illnesses (diabetes, obesity, cardiac disorder, hypertension etc.) and comorbid psychiatric disorders and dual diagnoses that need to be identified and treated. There are no series of psychological tests to identify which men would make "sexually safe" priests. There are no definitive psychological tests to identify or diagnose pedophilia or ephebophilia.

As part of the science of sexuality some psychologists use the Able Screen, polygraphy or penile plethysmography. However, all of these techniques have many serious methodological problems. Moreover, it is not in the priests' or the Dioceses' best interests to tell the truth; thus, any evaluation using self report measures and transparent tests is questionable.

These are difficult and trying times for the clergy. Impaired and distressed clergy need specialized treatment paradigms to deal with their complex psychological, medical, social, sexual and spiritual issues. It has been a rich clinical and personal experience to help priests and clergy who are impaired and distressed while also raising the bar for public safety.

Evaluating Catholic priests is a unique enterprise for which psychologists are well suited. Our diverse training in health psychology, psycho- and socio-dynamics, diversity and multicultural perspectives, and our reliance on interpersonal, object relations, and behavioral and neurobiological theories of development allows us to have a comprehensive approach to understanding sexual behavior from a larger perspective than just an illness or criminal model.

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References

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2. Sipe, R. *Sexuality and The Search for Celibacy*. Bruner/Mazel. 1990. *Sex, Priests and Power: Anatomy of a Crisis*. Bruner/Mazel. 1995.
3. Sipe, op.cit. 1990.