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Carl J. Hoffman

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Priests Who Leave The Ministry

Carl J. Hoffman, M.D.



There is confusion about priests leaving religious life. Much of this confusion is the result of poor communication, which in turn is frequently compounded by the news media in their spot-light of certain incidents. This then draws attention to a few priests. On rare occasions a priest may seek and encourage the publicity for whatever good he has in mind.

These happenings should suggest the possibility of distortions arising, in the minds of the religious and laity alike, as to why priests leave.

My professional experience as a consultant to religious confirms this. It is unusual for any but a few to know the facts. It is even more unusual for this information to be made available for objective evaluation by others.

The question now arises as to whether an objective evaluation would be worthwhile. To answer this, let us mention some of the elements involved:

Dr. Carl Hoffman graduated from George Washington in 1945. He served his training in Pennsylvania. He was President of the National Guild of Catholic Psychiatrists, and has been a member of this Guild since its inception. For a long time he has been Consultant to the Archdiocese of Philadelphia and other religious organizations for at least twenty years. He is currently the Director of the Departments of Psychiatry at Nazareth Hospital and Holy Redeemer Hospital in Philadelphia.

The priest's personality, environmental conditions, emotional states of all concerned, geographical areas, surrounding cultural structures, lack of communication and internal upheaval to list but a few.

A vital breakdown in communication between the priest and his superior is common, although not universal. Frequently there is only

minimal understanding between all parties concerned and this is especially so at the actual time of leaving. Rejection of one or the other often follows; perhaps as a rationalization of the action taken.

A mistaken notion is that priests leave because the vow or promise of celibacy is too tough to keep. Certainly for many this is true, but there are psychiatric problems frequently overlooked. Each psychiatric problem must be thoroughly evaluated in order to not only understand what makes the priest leave but also what can be done to help him as he leaves.

From this, let us proceed to a closer look at men who have left religious life. The first step is to determine if there was a psychiatric basis. Not all priests who have seen psychiatrists or other professionals are incompetent. Some came for professional advice and counseling prior to leaving. Others came for psychotherapy, hoping in this manner to arrive at a proper decision.

In some cases a psychosis is present. Usually this is a paranoid schizophrenic. But, let it be clearly understood that not all psychotics leave. Many prefer to stay — probably the majority. In two cases the priest came under the influence of laymen who attempted to use the illness and its symptoms for their own particular goal but not helping the priest get proper attention and care. Even a closer scrutiny on the part of the religious authority would not necessarily have held the priest, particularly if the delusions and other symptoms dictated otherwise. Nevertheless, those priests who have been followed after leaving were still in need of care. The stress of earning a living was as difficult to handle as the stress of priestly

duties and interpersonal relationships. In no case did the records reveal a psychosis being caused by religious life. Rather, in these cases, the original decision to enter religious life was probably colored by the underlying psychotic elements.

It is not always easy to determine competency in these matters and it is even more difficult to prepare the individual for a new way of life.

There is, however, a fascinating speculation of how responsible such a patient might be on leaving and whether any decision made by such a priest is valid. This then leads to responsibility roles that are often overlooked. Indeed, the argument could be further considered as to whether or not the original ordination was valid.

In some cases homosexuality was linked to the psychotic process. The psychotic basis was not immediately evident. It is easy to see then how scandal would be all that was evident to the laity and for that matter to many of religious superiors.

Another area of psychiatric problems stems from the psychoneurotic category. Here the individual is responsible for his actions but is so troubled that he hopes another way of life would be less demanding and more conducive to alleviating his symptoms. Again, one must be reminded that many preferred to stay. In those who left, the majority continued to have problems and sought further professional help. Marriage was considered to be a means of relieving some of the anxiety but this was not recognized consciously.

The sociopathic personality disorders have also been found in priests who have left. This category has

accounted for some of the impulsive acts of leaving without any attempt to seek advice or counseling. This, of course, includes the addict, the sexual deviate. Of those who have left, special treatment facilities should be available but are not. Distortion by the average clinic is a danger. The priesthood rather than the inherent dynamics has been blamed.

What about then, the person who fits into the category of the average individual, the truly responsible individual who for one reason or another has felt the compulsion to change his way of life? In some instances there is a driving need to leave religious life. In others it is a precarious balance whether he stays or not. In a few, an individual is actually provoked beyond his limit of endurance by conditions. These conditions are not necessarily wrong or bad or unusual but for a specific individual may be intolerable because of his own particular personality structure or needs.

There will always be the man who will leave the priesthood with a deep conscience that is spiritually good and proper. He will live a devout life after he leaves the priesthood. He usually is able to calmly and sensibly enter into any discussion pertaining to his former life and frequently be ready to defend the church as a structure, despite any objections he may personally have. This has been verified clinically.

Others, because of intolerable guilt feelings or just mild gnawings of discomfort because of having left, have projected fault and blame on others besides themselves.

This report can only be considered a preliminary study. The follow-up necessary for statistically significant reports must depend on a comprehensive study, based on continuing follow-ups, exchange of findings by all concerned, as well as the development of a special study team. An important need is for an agency, sponsored by the church, that will aid in the adjustment of the priest after he has left and also arrange for psychotherapy, should that be the need. This would help prevent misleading publicity and even help anyone to return, should he find leaving was a mistake. My experience suggests some would return if others would help. This does not mean compromise on sound principles nor encouragement to the priest doing as he pleases. The precise words will frequently be a matter of chance but generally if the words are used with compassion, a bridge of communication can be initiated.

It is because of all these factors that each superior, whatever his title, must take pains to keep a good rapport with the individual, both before and after. A ready and willing ear is necessary, the willing ear being in the form of a superior or a designated individual or a professional made available at all times. In this way it is possible to limit unhappy situations.

There are some private groups aiding priests in the transition, and a few professionals but no thoroughly organized facility with constant line of communication operating for the good of all.