Priests Who Leave the Ministry

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There is confusion about priests leaving religious life. Much of this confusion is the result of poor media 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:

- The priest's personality, environmental conditions, emotional states of all concerned, geographical areas, surrounding cultural structures, lack of communication and internal upheaval.
- The priest's 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 laity 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 delusions and other symptoms were 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.

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 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.

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, or those who have left, special treatment facilities should be available but are not. Distortion by the average clinic is a danger. The priesthood is a danger. The priesthood 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 a few, an individual is actually provoked beyond his limit of others it is 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 follow-ups, exchange of findings by all concerned, as well as the development of a comprehensive study, must be carried on down the ages regarding the precise nature of disease. Historically, disease has been thought to be anything from an obsession or a possession by a demon, to a germ or bacterially initiated decay process. Much of this debate might well have been avoided, had the persons concerned agreed on the fundamental concepts of the nature of life.

For the present writer, life means organization from within of variously complex and self-sustaining processes. It involves of necessity a continuously self-perfecting activity, in order that the living being may be able to restore itself when its existence is threatened from outside, as well as to repair itself when subjected to the ordinary and extraordinary stress of daily living.

With this essentially vitalistic concept of life in mind we have described health in general as the state in which a living organism is functioning properly at all levels of its existence. It has the various systems and parts processes harmoniously geared toward each other so that it can sustain itself in its normal environment, exercise its functions of growing and maturing; in a word, living beings serve one another by their contributions, and man, who himself shares life with all of them, makes use of them in whatever way he chooses in order to further his own ends. Man alone is master of his environment, both the living and non-living elements of the same.

With this non-mechanistic concept of life in mind it will not be too difficult to get a clear notion of what