

**HUMAN FORMATION OF PRIESTS  
CHALLENGES AND PSYCHO-SPIRITUAL INTERVENTIONS**

**JOSE PARAPPULLY SDB, PhD**

**This article is based on a paper presented at**

**Consultation on**

***“HUMAN FORMATION OF PRIESTS”--Challenges in Asian Context  
at the Salesian Retreat House, Hua Hin, Thailand, 15-19 May 2006,  
organized by Federation of Asian Bishops’ Conference’s Office of Clergy.***

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## HUMAN FORMATION OF PRIESTS: CHALLENGES AND PSYCHO-SPIRITUAL INTERVENTIONS

Jose Parappully, SDB, PhD\*

### Abstract

There is greater acknowledgment today of the sexual difficulties and problems priests face and the need to have formation programmes that assist candidates to integrate their sexuality and their celibate calling. This paper outlines some of these difficulties and problems and specific helping interventions that can be used to facilitate this integration. It emphasises the importance of the quality of the helper's presence, his attitudes toward sexuality and the sex offender, capacity to listen sensitively, and relate empathically, as well as his competence in the helping skills.

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\* Jose Parappully is a Salesian priest and a clinical psychologist. He is the Founder-Director of Bosco Psychological Services and Sumedha Centre for Psychology and Spirituality in New Delhi and Founder-Secretary of Salesian Psychological Association (SPA), India. He can be contacted at [boscopsych@vsnl.net](mailto:boscopsych@vsnl.net)  
parappully. fabc consultation 2006. human formation of the priest. challenges and interventions

## INTRODUCTION

Late twentieth century saw the release of the sexual repression barrier. Men and women began to cast aside their fears and inhibitions and express their sexuality more openly in private and public arenas. Changes in attitudes and behaviour sweeping over society would have their impact on priests and candidates to the priesthood. Previous speakers have presented to us the nature and consequences of such impact.

Priests have not only to integrate sexuality and celibacy in their own life, they have also to be good pastors and reliable guides to the people they are called to serve. They need to help people to cope with their sexual problems and live their sexuality integrated with their Christian faith. Hence it is important that priests and candidates to the priesthood have clear notions about sexuality, sexual problems and ways of handling them. Priestly formation programmes have to give greater importance to this area of priestly living and service. It is important that seminary rectors and formators are themselves well integrated sexually and have also the knowledge and skills to guide those who come under their charge. This calls for working through their own hang-ups around sexuality and also receiving some training in human relations and helping skills.

In this paper I intent to present some theoretical assumptions and some practical skills that assist seminary rectors and formators (henceforth referred to as *helpers* in this paper) help those in formation (referred to as *candidates*) to deal with problems that arise in regard to sexuality in their celibate living. The other speakers at this consultation have already referred to these problems.

I shall first present some basic concepts in regard to the helping process and then describe and demonstrate some approaches and skills that will be helpful in dealing with the sexual conflicts and problems candidates bring to helpers. This paper is to be seen as an overview of attitudes and approaches. There will be opportunity during the course of the day to practise some of the attitudes and skills outlined herein through group work and training labs.

## THE ART OF HELPING

### **Building a Helping Relationship**

Much research has gone into discovering the elements that contribute to successful helping. There is today near unanimous agreement among psychotherapy researchers that the most important ingredient in effective psychotherapy is the relationship that the therapist offers the client. Hans Strupp who is one of the major researchers on therapeutic effectiveness observes:

Techniques per se are barren: instead what counts more heavily is the nature of the interpersonal context in which they are embedded....My own view is that *the quality of the interpersonal context* is the sine qua non in all forms of psychotherapy. (Strupp, 1995, p. 70)

Strupp further states that the patient's ability to enter into a productive inter-personal relation and the therapist's capacity to foster a good working alliance are essential qualifications for the kind of therapy that is oriented toward personal growth. In my view, the relationship to the extent that it resembles a good parental relationship in terms of providing acceptance and warmth but also a measure of firmness, promotes personality growth, thus

constituting a corrective emotional experience. (pp. 71-72)

Hill and O'Brien (1999) observe:

Clients have consistently reported that the most helpful aspect of therapy was feeling understood and supported. For some people, the relationship itself is curative and they need nothing else from the helper. Others need more in the way of helper skills. (p.35)

It is wise for helpers who want to assist candidates in their struggle with sexual problems to keep this fundamental truth in mind. The kind of relationship they develop with the candidates is fundamental to their capacity to help them.

### **The Healing Power of Being Listened to**

Being listened to with respect and sensitivity can be very healing and comforting. As Eugene Kennedy (1989) observes, "There is enormous benefit for the troubled individual—even when there is not immediate solution to the specific difficulty—in being heard, in that mysterious and transcendent experience of being received with respect and compassion by another human being" (p. x).

The first step toward healing is feeling welcomed, understood and accepted. Hence the first skill helpers need to learn is being present to the candidate with an attitude of welcome, availability, empathy and respect. A response that is informed, concerned and compassionate conveys respect. There are ways helpers can communicate the contrary. Some examples: continuing to be busy with whatever the helper is doing as the candidate comes into the office, with only a cursory acknowledgement of his presence; attending to other things (phone, for example) while he is talking; leaving the candidate in the room and going to do

something else. All these are ways helpers communicate disrespect and lack of interest and attention. It is very important that the candidate feels that the helper is totally with him. The candidate requires the helper's complete attention. In an excellent exposition of the art of listening Nichols (1995) observes: "Genuine listening means suspending memory, desire, and judgment—and, for a few moments at least, existing for the other person" (p. 64).

Non judgmental listening calls for hearing the story without the lens of the categories of morality and sin (themes so much part of a priest's training and life orientation), so that the helper can be truly in touch with the candidate's inner world and his experience/feelings as they are. It is important to listen and to respond with human rather than moral or legalistic understanding. A helper is neither a judge nor an inquisitor. The helper's task is to seek to understand and help the candidate to understand the roots of his problem and find remedies. Kennedy (1989) observes: "Clerics who can withhold moral judgment can hear much more, and in the long run will understand more about the nature of good and evil, if they listen to whole persons whose sexual acting-out is merely one of their voices of protest, the faintest echo of the inner wounds that need to be recognized and healed" (p. xii).

It is also very important that helpers are not shocked by anything they hear. One of the major concerns that candidates struggling with sexual difficulties or failures have is that their helpers will condemn them or judge them as being bad persons. Expression of shock translates into judgment or condemnation. Even if helpers do not have all the skills needed nor all the time needed, the effort they make to listen sensitively and without judgment can itself be healing. As Kennedy (1989) observes, no matter how

limited the time, “it is always possible to make persons feel more comfortable with themselves and less guilty and obsessed with their sexual difficulty” (p. 36).

A helper’s interest and willingness to listen is manifested in physical attending. The micro skills of attending are expressed in the acronym SOLER (Facing the candidate squarely, adopting an open posture, leaning toward, maintaining eye contact and staying relaxed) (See Egan, 1990, pp. 108-110).

### **Listening in Context**

Helpers who are aware of the complexity of people’s lives are better able to understand the sexual problems of those who seek their help. It is important that helpers explore problems of human sexuality within the context of the totality of the person and his life context. They need to struggle continually to understand the many meanings of sexual behaviours in the light of what might be going on in the lives of the candidates at the time or had been in the past. They must learn to hear what the candidates are trying to say about themselves through the narratives about their sexual difficulties and not focus only on the difficulties. They need “to respond to the sexual person rather than just to the sexuality of the person” (Kennedy, 1989, p. 40). As they listen attentively within context, helpers will be able to see deeper significances of the sexual symptoms.

Sexual behaviour and conflicts around such behaviour often have roots in more fundamental problems related to self-concept and self-identity. All sexual behaviour, observes Finkelhor, (1984), “is laden with non sexual motivations” (p. 34). For example, sexuality is often employed to overcome feelings of inadequacy and inferiority, or to express hostility, resentment, aggression or

domination or to meet needs for affection or affiliation. There is evidence that priests and candidates lag behind the laity in emotional health. A study by Lourdes, Patel and Paranjpe (1991), for example, found that clergy on the whole were far less mature psychologically than laypersons. Of the 11 positive traits measures, lay person scored more positively on 9. Of the 8 negative traits, clergy fared worse on 7. It is very important that helpers respond to the deeper layers of psychopathology masked by the sexual behaviours or anxieties. Some understanding of the psychodynamics beneath the sexual symptoms is essential if one is to really help the candidate. Sexual difficulties are embedded in and influenced by personality disorders. Hence some understanding of personality disorders (see Clarkin & Lenzenweger, 1996; Johnson, 1994; Livesley, 1995; MacKinnon & Michels, 1971; Sperry, 1995) is also necessary.

Helpers in the area of sexuality need to develop the skills of listening “with the third ear” (Reik, 1948). Often candidates do not disclose sexual problems directly. These problems are embedded in or hinted at in their unease and anxiety-ridden narratives which may not have any direct reference to sexuality. Sensitive helpers are attentive to pick up these indirect allusions and help the candidate to talk more directly and openly of their sexual concerns, without appearing to be inquisitive or insensitive. They also learn to detect omissions, distortions, and contradictions in the candidate’s narratives.

### **Seeing Patterns**

Current problems around sexuality are often rooted in and forged by early life experiences. To be effective, helpers need to relate current anxieties to those experiences. It is also important that

helpers deal with life patterns rather than specific behaviours or activities. This calls for taking a detailed life and sexual history (see Coleman, 1996; Waldinger, 1990) with particular emphasis on childhood trauma and developmental dynamics. As they listen to this history they try to see connections between these life experiences and current symptoms, so as to see deeper significance of the current symptoms.

### **Listening to Oneself**

To be effective helpers need to listen to themselves as well. They have to listen to their internal dialogues, their feelings and their verbal and non-verbal behaviours as they interact with the candidate. How they feel about the candidate and the issues he brings has important consequences for the quality of interaction as well its outcome.

### **Helper's Comfort Level**

Helpers themselves must be comfortable with sexuality. It is important that they develop healthy attitudes toward their own sexuality and the sexual dimension of life in general. Helpers' unresolved conflicts about sexuality will hamper their ability to listen and evaluate sensitively and empathically. They may need to face up to and work through their own unease and hang-ups around sexuality before they can help others. Helpers' comfort or discomfort in talking about sexual matters will be communicated to the candidate and will influence the process and outcome of the helping encounters.

It is also important that helpers be aware of the limitations in their capacity to help others. They need to recognise that there are sexual difficulties they may not be competent to deal with. They need to know when to refer a candidate to more competent people. Concerned helpers will take care to collect information about availability of such competent persons.

Helpers need to be well informed on sexual matters. It is very important that they have accurate scientific information as well clarity about the moral aspects of sexual behaviour, especially Catholic teachings about sexuality.

Dealing with sexual issues is a delicate undertaking that requires sensitive attention. Sexuality is one area where misunderstandings and misconceptions are rampant. To be able to help someone experiencing difficulties in the sexual area, the helper ought to have clear understanding about the specific attitudes and behaviours involved. At the same time talking about sexual matters is one that often involves much embarrassment and anxiety. Inquiring for related details with sensitivity and without voyeuristic intentions or even giving an impression of such intentions is a skill that helpers need to develop. The effort that the helper makes to understand, when perceived by the client as genuine, in itself can be comforting and healing.

### **A Matter of Concern: Dual Roles**

The kind of unconditional and accepting listening described above calls for maintaining confidentiality and also not using information gained through the helping encounter in other fora. Helpers sometimes have administrative roles as well in regard to candidates. For example, rectors of seminaries and formators sometimes also have roles that call for casting votes and making decisions concerning candidates. How much they can keep apart their helping roles and their administrative roles is a matter of debate. It is only when candidates know their helpers do not have any administrative roles in regard to them, will they truly open themselves to the helpers.

However, even when helpers have administrative roles they can still help the

candidate a good deal if they are able to listen and relate in ways described above.

### **BASIC HELPING SKILLS**

There are three basic skills in which helpers have to be competent. These are: 1) Restatement, 2) Reflection of feelings, and 3) Open question (Hill & O'Brien, 1999).

#### **Restatement**

Restatement consists in conveying an understanding of what the candidate has said by repeating or paraphrasing its content or meaning. The helper uses fewer words and more clear and concise terms to do so. The emphasis here is on the substance of what the candidate has said than on the feelings involved. Summaries done at different points during the helping session or at its end are one important form of restatement. Restatements typically focus on what is really important in what the candidate has said, rather than repeating everything. Such restatements help the candidate to further clarify for himself the issues he brings as well as to reassure himself that the helper has been listening and is interested in him and his story (Hill & O'Brien, 1999)

#### **Reflection of Feeling**

Reflection of feeling is one of the most important skills helpers need to develop. It consists in repeating or paraphrasing what the candidate has said with an emphasis on the feelings expressed or conveyed. Such reflection of feelings helps the candidate to explore his feelings more deeply and to become immersed in his inner experience, rather than articulating his problems only on an intellectual level (Hill & O'Brien, 1999).

#### **Open Question**

Open question is the third fundamental skill helpers need to master. Open questions are those that cannot be

answered by a "Yes" or a "No" or a one-or-two-word response. These questions are used to help the candidate clarify or explore his thoughts and feelings further. The objective here is not to find specific answers, but to encourage the candidate to self-disclose further and more freely. These questions can be used most effectively when helpers focus on part of the problem at a time. It is important not to ask too many questions one after the other. Questions need to convey a non-judgemental and supportive interest and concern, so that the candidate does not perceive them as interrogation (Hill & O'Brien, 1999)

Two other important helping skills are challenge and interpretation.

#### **Challenge**

Challenge is an invitation to the candidate to look at his attitudes and behaviours and their consequences more carefully.

Challenges are invitations to clients to become more aware of themselves, their issues, feelings, and behaviours. These interventions point out discrepancies or contradictions defenses, or irrational beliefs of which the client is unaware or is unwilling and unable to change. (Hill & O'Brien, 1999, p. 187)

Such challenges help the candidate to achieve new insight or understanding about the dynamics that contribute to or sustain his problems, especially his own role. Such challenges are especially important in situations where the candidate is engaging in inappropriate or destructive behaviours.

#### **Interpretation**

Interpretation is a powerful tool in helping candidates gain insight about their problems. "An interpretation is a statement that goes beyond what the client has

overtly stated or recognized and gives a new meaning, reason, or explanation for behaviours, thoughts, or feelings so that clients can see problems in a new way” (Hill & O’Brien, 1999, p. 206).

Interpretation is the technique where the helper’s knowledge, wisdom and experience comes into play. Ideally, a helper should be able to see problems and their causes better than the candidate. He uses this superior understanding to help the candidate see his situation and his problems more objectively. To be able to do this effectively it is very important that helpers have some understanding of personality dynamics and psychopathology (see Lidz, 1983; Mahoney, 1991; Millon, Blaney, & Davis, 1999; Rosenhan & Seligman, 1989; Rossi, 1994; Ryckman, 1985).

A helper who is able to build a trusting relationship with a candidate and who has some proficiency in the use of the five techniques outline above, will be in a position to do provide effective help to the candidates who come to him with his problems.

### **SEXUAL PROBLEMS AND HELPFUL INTERVENTIONS**

Sexuality is something that affects a person’s sense of self deeply. Healthy psychological and spiritual development is profoundly influenced by experiences in the area of sexuality. There are a number of common problems that trouble candidates in the area of sexuality. In this paper, I address six of them and suggest interventions that helpers, even those without clinical training, can use. These problems are: gender identity confusion, masturbation, homosexuality, sexual abuse, paedophilia and online pornography.

### **Three Dimensions of the Problems**

There are three dimensions to each of these problems that helpers need to be aware of and address: the cognitive (understanding), the affective (emotions) and behavioural (action).

The cognitive includes understanding various issues related to the problem. The affective includes the various feelings evoked by the problem. And action refers to the various ways one engages in the behaviour and the circumstances and situations that lead to the behaviour. Thus if we were to take masturbation, the cognitive would entail knowing what masturbation is, its consequences, what psychology and catholic ethics say about it, what the masturbator thinks about it and so on. The affective would involve what the masturbator feels about his action and his situation, for example confusion, guilt, discouragement, or self-hatred. Action would include situations and contexts in which one masturbates, trigger points, behaviours that precede and follow masturbatory behaviour, and fantasies one engages in.

### **Gender Identity Confusion**

Gender identity is an individual's subjective awareness of masculinity and femininity as distinguished from sexual identity which is a term that summarizes biological attributes that contribute to maleness or femaleness (Stoller, 1980). For most persons, gender identity and biological sexual characteristics are congruent. There are, however, circumstances in which an individual experiences little or no connection between sex and gender. One experiences ambivalence or conflict over one’s gender identity. Gender role is the external behaviour pattern that reflects a person’s inner sense of gender identity.

Sex is a biological reality, but gender identity is socially constructed. While physiological factors contribute significantly to the core gender identity at birth, it can be modified and expanded by social factors, especially cultural attitudes as the child matures. By age 2-3, almost everyone has a firm conviction about his or her maleness or femaleness. However, they have yet to develop a clear sense of masculinity or femininity, how they feel about being male or female.

There are some persons who suffer from what is termed as gender identity disorder. The fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV*, American Psychiatric Association, 1994) cites two necessary components of the disorder: “evidence of strong and persistent cross gender identification which is the desire to be, or the insistence that one is, of the other sex” and second, “evidence of discomfort about one’s assigned sex or a sense of inappropriateness in the gender role of that sex.” (pp. 532-533). Adults with this disorder are preoccupied with their wish to live as a member of the opposite sex. This wish often interferes with ordinary activities and healthy interpersonal relationships.

Prenatal biochemical and hormonal imbalances have a part to play in gender identity formation. Maleness and masculinity depend on foetal and prenatal androgens. However, environmental forces play a large role in determining masculinity and femininity. Shaping based on reward and punishment and the dynamics of what is known in psychoanalytic circles as the Oedipal conflict—the erotic feelings of a son toward his mother, accompanied by rivalry, fear, and hostility toward the father—also contribute (Stoller, 1980). According to Kaplan and Sadock (1998)

the quality of the mother-child relationship in the first years of life is of paramount importance in establishing gender identity. Gender identity problems for boys can be triggered by the mother’s death or her extended absence or illness. In such situations the boy may react by totally identifying with her and want to be like her. Father’s absence also can affect gender identity formation, since the father is the main model for male identification. Without a father around, a boy and mother may remain overly close and the boy identify more with femininity and feminine roles.

Gender identity disorder is not very common among candidates but gender identity confusion is. The area of gender identity is one of the three potential areas of conflict that the study by Lourdes et al. (1991) points out. A study by Filella found that more priests than laypersons felt unsure about their sexual roles. More priests than laypersons felt themselves to be feminine, these priests also appeared to identify more with the negative aspects of a feminine role. These saw themselves as “more submissive, weak and vulnerable” (in Lourdes et al. p. 78) than those who identified with their own sex roles. However, it may be “easier for a feminine identity person to actualize the socially acceptable image of priest as non-violent, compassionate, loving male” (P. Lourdes, personal communication, February 23, 2006). Distress arises mostly because of the dissonance these priests and candidates experience within them because the theology of priesthood is strongly identified with maleness and masculinity. There is also the likelihood that the manifestation of femininity may make these candidates easy targets of homosexual seduction and overtures. They themselves might also experience the impulse to act out their femininity and

feminine role identification in homosexual encounters.

When gender identity disorder is present, treatment is rarely successful when the goal is to reverse the disorder. Whether it is disorder or confusion that is present, the ideal treatment goal would be to help the candidate to become comfortable with his experienced gender identity (Kaplan & Sadock, 1998) and to identify more with the positive aspects of the feminine gender role.

### **Masturbation**

Masturbation is a phenomenon that causes much distress and perplexity for many. It is quite common among candidates and clergy and evokes much guilt and anxiety. Basing himself on information from clergy sources only, Richard Sipe (1990) estimates that 80 percent of clergy masturbate at least occasionally.

Freud and his colleague William Fleiss considered masturbation one of the most common manifestation of neurosis. Physicians had warned of dire consequences from masturbation, such blindness, madness, and impotence. Inhumane steps were taken to stop people from masturbating, such as wearing chastity belts, castration in males and removal of the clitoris in females (Allgeier & Allgeier, 1988; Kelsey & Kelsey, 1986).

However, sociologically and psychologically masturbation is today regarded as normal in most people at some time in their lives. Many psychologists consider masturbation as a normal developmental phenomenon and see it playing an important role in healthy psychosexual maturation. It is usually seen as a normal precursor to inter-personal sexual behaviour (Kaplan & Sadock, 1998).

The Church's view on masturbation too has undergone a change. In pre-Vatican days Catholics were taught that in all cases masturbation was an objectively grave moral evil, a mortal sin. *The Declaration on Certain Questions Concerning Sexual Ethics* (Congregation for the Doctrine of Faith, 1975,) teaches "that masturbation is intrinsically and seriously distorted act" since it contradicts the finality of the sexual faculty, namely "mutual self-giving and procreation in the context of true love." At the same time the Declaration admits that "the immaturity of adolescence (which can sometimes persist after that age), psychological imbalance or habit can influence behaviour, diminishing the deliberate character of the act and bringing about a situation whereby subjectively there may not always be serious fault" (No. 9).

Despite these new understandings of masturbation in psychology, sociology, medicine, and the Church's moral teachings, vestiges of the past linger on and masturbation continues to be a source of much guilt and anxiety. Helpers need to address and assuage this guilt and anxiety, presenting the new understandings. Often guilt around masturbation arises from lack of clear moral understanding. It is important that helpers are clear about the Church's moral stance on masturbation and share that knowledge with the candidates to reduce unnecessary guilt.

Though rarely gravely sinful, compulsive masturbation can compromise healthy development. The initial urge to masturbate often arises from non-genital experience—boredom, anxiety, frustration and loneliness (Kraft, 1982). It is usually an easy outlet for release of tension. However, it can also become a substitute for relationship. It can become a coping mechanism, a self-indulgent escape from the challenges involved in interpersonal

intimacy and sexual integration. In the fantasy that accompanies masturbation one can engage in whatever sexual activity one wants to, without any response from the other, without any kind of mutuality. It can silence the urging of the spirit that invites one to loving relationships and abort the opportunity for growth. Kelsey and Kelsey (1986) consider this the real sin in masturbation.

Masturbation is a multi-dynamic phenomenon. Its causative factors, motivation and the concerns it evokes vary from person to person and can cover a large area of personality dynamics, developmental and environmental contexts, many of them nonsexual. It is very important to listen sensitively to the candidate's subjective experience of masturbation. Kennedy (1989) points out that "Perhaps the greatest current temptation is to quickly reassure persons with masturbation conflicts without hearing them out, without giving them the opportunity to express themselves or explore their feelings deeply" (p. 128).

Masturbation has to be explored in a larger context than just the sexual. Overall personality factors and current conflicts have to be taken into consideration. Effective helpers listen attentively and sensitively to hear the significance masturbation has in the candidate's life. This significance is manifested in the fantasies that accompany masturbation. Helpers pay attention to the content of these fantasies to learn this significance so as to help candidates see how masturbation is connected to other aspects of their lives.

Masturbation is often an easy way of relieving stress and tension. Those who struggle with masturbation need to be helped to explore the sources of stress and tension in their lives and take action to

eliminate or reduce them. Engaging in meaningful activity, eating a balanced diet, finding time for appropriate rest and relaxation can often reduce the physical and mental stress and tension that trigger the impulse to masturbate.

There is some level of conditioning in masturbatory habit. Certain locations, situations, contexts trigger the impulse to masturbate. Identifying these and avoiding them can reduce the impulse.

Excessive or unnecessary exposure to sexual stimuli is often the precursor to the impulse to masturbate. Avoidance of such stimuli can also facilitate reduction in the frequency of masturbation. One who is serious about maintaining his celibate commitment struggles to exercise the needed self-control in this area.

Opening oneself in relationship to others would help one to move away from narcissistic self-absorption of which masturbation is one symptom. Friendship offers one the opportunity to share openly one's internal struggles and external pressures. Such sharing brings both relief and support.

A candidate also needs to have an intrinsically-arrived-at meaning for his celibate commitment. Only such meaning will motivate the candidate to exercise the vigilance and temperance necessary to maintain celibate chastity

### **Homosexuality**

It is very important that helpers have some clarity about what homosexuality is. The debate on the issue—definition, origin, development, morality—is far from over.

The presence of a homosexual impulse or even incidents of homosexual behaviour are not sufficient to define a person as homosexual. A persistent and predominant

attraction for persons of the same sex in regard to emotional fulfilment and sexual behaviour is necessary to define one as a true homosexual. A good definition is one provided by the Encyclopaedia of Bioethics. A homosexual person sustains “a predominant, persistent and exclusive psycho-sexual attraction toward members of the same sex. A homosexual person is one who feels sexual desire for and a sexual responsiveness to persons of the same sex and who seeks or should like to seek actual fulfillment of this desire by sexual acts with a person of the same sex” (in Coleman, 1992, p. 211).

It is also important to distinguish between a homosexual person and a gay person. Coleman (1992) defines a gay person as “one who has identified himself or herself as homosexual and has made this fact known to at least one other individual. In other words, gay designates persons who have accepted their homosexuality as an integral part their personalities, and are privately and to a greater or lesser extent publicly comfortable being known as homosexual.” (p. 212)

There are various theories about the origin and development of homosexuality. Some researches suggest genetic (innate) factors. Others point to abnormal prenatal/postnatal hormonal levels. Psychoanalytic theories see homosexuality arising from profound disturbances in parent-child relationships, especially presence of a close-binding, seductive mother who devalued and dominated a passive, distant, hostile father. Social learning theories teach that sexual behaviours, attitudes and even orientations are learned primarily from the mores and practices prevalent in one’s social milieu.

It is more likely that homosexuality is determined by biological, sociocultural, psychodynamic and situational factors, making homosexuality a complex phenomenon (Allgeier & Allgeier, 1988, Coleman, 1992; Masters, Johnson, & Kolodny, 1986)

In 1935, in his compassionate “Letter to an American Mother” whose son was homosexual Sigmund Freud wrote:

Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness. We consider it to be a variation of the sexual functions produced by a certain arrest of sexual development. (in Kaplan & Sadock, 1998, p. 683)

In 1973 the American Psychiatric Association decided to depathologise homosexuality. It was eliminated as a diagnostic category from the *Diagnostic and Statistical Manual of Mental Disorders--IIIR*. (American Psychiatric Association, 1987). The 10<sup>th</sup> edition of the *International Classification of Diseases and Related Health Problems* (ICD-10, WHO, 2002) states that sexual orientation alone is not to be regarded as a disorder. Yet, there is no consensus opinion in the mental health fraternity whether homosexuality is a pathological condition or not. Helpers have to take a position that acknowledges this unsettled quality of the issue, while respecting, not imposing the Church’s on stance on the issue.

Even though enlightened people know that in itself a homosexual orientation is neither good nor bad in itself and has origins in factors beyond one’s control, and even though there is greater acceptance of the homosexual situation by society today, it is still a source of distress

for many homosexual persons. It confers few benefits and many disadvantages.

Candidates can be troubled by the exclusivity in their sexual preference or by occasional homosexual encounter even though their orientation is heterosexual. Helpers need to be sufficiently informed to distinguish between deeply ingrained homosexual identity and patterns of behaviour from passing incidents. Providing such clarity itself can be a relief to the candidate (Kennedy, 1989).

Helpers need to listen carefully to the individual who comes to them for help without taking sides on one or the other side in the discussions on homosexuality but help them to deal with whatever conflicts they might be experiencing in this area. What the helper has to offer depends on the particular candidate's need rather than promoting a particular point of view. Helpers need to know why the candidate is coming to him and what is the kind of help he is seeking. To be able to do so, non-judgmental listening and unconditional acceptance are crucial as also clarity on the nature of the helpers' role.

Helping candidates discern if they are true homosexual or homosexual behaviour is a situational reality or a moral weakness in their heterosexual lives is a great service helpers render the candidate. Coleman (1992) refers to three levels of evaluation/assessment in this regard. The first is the Level of Attraction: who is one attracted to, males or females? Second is the Level of Arousal: what kind of person does one find sexually erotic and arousing? And the third is the Level of Experience: here one evaluates actual sexual, and if present, genital experiences in terms of how satisfying, comforting they have been.

Often the helper's role is to assist the candidate accept himself and his homosexual identity without shame or self-hatred (internalized homophobia). Such acceptance can help the candidate gain a more positive self-image than he had before he opened himself to the helper. This in turn will help him live and relate to others in more satisfying ways. He will be able to empathise readily with human brokenness and woundedness wherever he finds it, observes Yokey (1990). The acceptance of his vulnerability and sensitivity to human suffering can make him a powerful minister of God's compassion to the wounded, alienated, confused, and lonely.

At times the task of the helper may be to enable the homosexual candidate to integrate his homosexual orientation into his self-identity and way of being in the world. At other times the helper's task may be to deal with the guilt and shame that arise from what the candidate considers a moral failure as well as to help them deal with their impulses and refrain from a behaviours that the candidate himself disapproves of.

Helpers also need to challenge the candidate on attitudes and behaviours that may not be in keeping with the vocational choice he has chosen. A candidate whose homosexuality is constitutional need to be helped to rethink his vocational choice in the light of the Church's official teachings in regard to standards of human relationships and of the new directives on homosexual candidates to the priesthood (Catechism, 2004; Congregation for the Doctrine of the Faith, 1986; Congregation for Catholic Education, 2006). It is very important to keep in mind that it is only when the helper has given the candidate an experience of unconditional acceptance and the candidate begins to experience the helper as someone genuinely interested in

him and his welfare, can the helper effectively engage in this form of challenge which is to be offered more as an invitation rather than confrontation. It is important that the helper himself is not confused on the Church's teaching on homosexuality and homosexual candidates.

Helpers need to stand by and deal with candidates struggling with issues around homosexuality in the same way as they stand by and deal with candidates struggling with other issues. When the helper accepts him unconditionally, works with him non-judgmentally, the candidate will eventually trust the helper enough to begin an open and candid conversation about his intimate struggles. In that kind of a dialogical conversation, while listening to the candidate's struggle with understanding, acceptance and empathy, the helper is able to gently present the Church's stance on homosexuality as well as challenge him on behaviours that may be destructive or incompatible with a vocational choice to a celibate lifestyle. What Yokey (1990) suggests in regard to working with homosexual persons in general is especially applicable to candidates. The helper gives the candidate "as much time as he needs to deliberate over these matters, listening to his honest reactions, and always answering him with the purpose of facilitating his gradual determination of a viable lifestyle for himself" (p. 77) in keeping with his vocational choice or take decisions in regard to his vocational choice itself.

Helpers who are members of the clergy dealing with persons struggling with issues related to homosexuality have to decide whether they are engaging with the candidate in their capacity as a helper or a clergyperson. They also need to know when to shift identities and functions. For example, while sacramental absolution

may be helpful when guilt results from a conviction of genuine moral failures, in other cases it may need to be deferred when the guilt arises from neurotic sources. In other words, dealing with the conflicts may need to precede absolution on request (Kennedy, 1989).

All this calls for an examination of the helpers' own attitudes toward homosexuality. These attitudes will colour the nature and outcome of the helping process. It is very important that helpers do not filter the candidate's attitude, behaviour and experience through the prism of their own personal beliefs, biases and prejudices.

Unbiased presentation of homosexuality in the general curriculum of the seminary is very much required. It is often difficult for heterosexual persons to comprehend the outlook and struggles of the homosexual person. Such presentations can ameliorate the homophobia (fear or hatred of homosexuality or homosexual persons) prevalent in society which would also be shared by heterosexual seminarians.

### **Paedophilia and Pederasty**

Recent media reports abroad have drawn attention to child sexual abuse, particularly paedophilia within the Catholic Church. According to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV, American Psychiatric association, 1994), any "sexual activity with a prepubescent child (generally age 13 or younger)" is paedophilia. *DSM-IV* stipulates that to be diagnosed as a paedophile the perpetrator "must be age 16 years or older and at least 5 years older than the child" and experience "recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving sexual activity with a prepubescent child or children" over "a period of at least 6 months" (pp. 527-28). In a more precise

definition, paedophilia is “Sustained erotic preference of children (within the age range up to 11 or 12) as compared to the subject’s erotic inclination toward physically mature persons” (Freund, quoted in Arndt, 1991, p. 216). In this understanding, child sexual abuse is not synonymous with paedophilia. Not every individual who abuses a child has a sustained and preferential interest in children as sexual partners. When the adult’s sexual preference is for postpubertal females, it is referred to as *ephaebophilia* (often this term is used to refer to both male and female adolescents). When the preference is for postpubertal boys it called *pederasty*.

The typical paedophile is shy, timid, passive-dependent, lacking self-esteem, impulse-control and social skills, and insecure. Many of them are hostile, but have difficulty in expressing their anger. Many have experienced emotional and sexual abuse in childhood. General immaturity is a common characteristic. They have difficulty in coping with life’s problems, in decision-making and personal attachments. One reason they select a child for sexual gratification is the emotional congruence between the two. They have childish emotional needs and feel more comfortable relating to children than adults (Arndt, 1991; Finkelhor, 1984).

It is important to keep in mind that not all child molesters are paedophiles. Compared to the profile of the paedophile given above, “the child molester is most commonly a respectable, otherwise law-abiding person, who may escape detection for exactly that reason” (Lanyon, quoted in Barnard, Fuller, Robbins and Shaw, 1989, p.6). This is important to keep in mind in regard to sexual abuse by the clergy. Too often, clinical evidence suggests, members of the clergy considered to be paragons of virtue and beyond any suspicion are the

ones who are perpetrating the abuse. Father Stephen Rossetti, Executive Vice President at St. Luke’s Institute where more than 300 sexual offender priests have been treated, observes that “priest-offenders have tended to be intelligent, high functioning men, many of whom had otherwise exemplary ministries” (Rossetti, 1995, p.13).

In regard to treatment of sexual offenders, very early treatment tended to use psychoanalytic and psychodynamic models to focus on identifying and resolving early life conflicts and traumas (Barnard, Fuller, Robbins and Shaw, 1989; Becker & Murphy, 1998). Psychoanalysts saw sexual disorders developing from fixations at various stages of psychosexual development and from the influence of a "seductive mother." Childhood traumas resulted in considerable psychological conflict and repression of feelings associated with the trauma. These feelings are acted out in adult life in the form of deviant sexual behaviour. The goal of therapy was to reconstruct the personality by making the unconscious conscious through free association, dream analysis and transference interpretation. To be effective, treatment had to help the offender gain insight and resolve causative intrapsychic conflicts by re-experiencing previously repressed affect, and developing healthier patterns of dealing with them rather than unconsciously acting them out in deviant ways.

The treatment approaches currently considered most effective are cognitive-behavioural therapies with at times adjunctive use of certain psychopharmacologic (use of drugs) approaches (Becker & Murphy, 1998; Hall, Shondrick, & Hirschman, 1993). These models focus on helping the offender identify those cognitive behavioural patterns and internal (such as

depression, anger, poor interpersonal relationships, emotional identification with children, loneliness and substance abuse) and external (such as access to children and vulnerable women) risk factors that are precursors to the sexually offensive behaviour and developing the self-management techniques as well as external guidance and supervision to deal with these patterns. Treatment includes also social competence training, such as anger management, social skills, assertiveness training, problem solving, and so on. The psychopharmacologic adjunct entails use of antiandrogen drugs and antidepressants along with the cognitive-behavioural approach.

Hall, Shondrick and Hirschman (1993) distinguish four subtypes among sexual offenders. Each subtype is distinguished by differing motivational dynamics that act as precursors to sexual aggression. To be effective interventions need to take into consideration these differing motivational dynamics.

In the physiological subtype, deviant sexual arousal appears to be the primary motivational precursor. Such subtypes are more involved sexual aggression against children than against adults. Because of this orientation toward children, this subtype is likely to have multiple victims. A greater proportion of their victims are male. Psychohormonal (including at times castration) and behavioural (aversion therapies) interventions are used with this subtype to reduce the deviant arousal patterns (Hall, Shondrick, & Hirschman, 1993).

In the cognitive subtype, sexual aggressors are motivated by cognitive distortions about their victim's willingness to participate in sexual behaviour (Hall, Shondrick, & Hirschman, 1993). These cognitive distortions need to be

challenged. Educational and Socratic approaches to cognitive distortions appear to be more effective than aggressive, confrontational approaches. Training in developing empathy for victims is an important initial component of treatment in correcting the aggressor's cognitive distortions concerning the meaning and effects of their sexual behaviour with children. Having the sexual offender read books or view films on the negative effects of sexual abuse, writing a description of sexual abuse from the victim's perspective, various role-playing techniques to assist the offender in experiencing the abuse from the victim's standpoint are typically part of the treatment.

Impulsivity, or lack of control over drives and emotions, is the major characteristic of sexual aggression in the affective subtype (Hall, Shondrick, & Hirschman, 1993). In this subtype sexual aggression is more opportunistic, unplanned, and often violent in contrast to the more deliberate and controlled sexual aggression in the cognitive subtype. Environmental factors such as those that provoke affect or those that disinhibit affect, such as alcohol abuse, play a significant role in triggering sexual aggression. The development of impulse control and modulated emotional expression through cognitive-behavioural interventions and stress inoculation techniques are helpful in the treatment of the affective subtypes. Pharmacological interventions to stabilize affect are also used as adjunctive to the psychological treatments.

In the fourth subtype, developmentally related personality problem or disorder serves as the primary motivational precursor to sexual aggression (Hall, Shondrick, & Hirschman, 1993). Chronic problems of generalized impulse dyscontrol resulting from developmental deficits distinguish this from the other

subtypes. Developmental deficit is characterised by intellectual impairment, family conflicts, childhood physical or sexual victimization, juvenile delinquency, poor social skills, and poor adult adjustment. Although cognitive and behavioural methods (challenging distorted interpretations and rationale, social skills training) have been proposed for the treatment of personality-disordered offenders, chronic antisocial components and multiple problem areas that characterise this subtype make successful treatment difficult.

There is a feature of the profile of sexual offenders that is of some significance in the formation of candidates to the priesthood. It has been found that adult sexual deviants had less exposure to erotica (literary or artistic works having a sexual/erotic theme) as adolescents than non-deviants. Few deviants could recall a vivid exposure to erotica during adolescence. Of those who could recall such exposure, four-fifths reported feelings of shame or disgust about it, while only half of controls experienced such feelings (Arndt, 1991). Seminaries and formation houses usually have very rigid and negative attitudes toward anything sexual. Interest in erotic material is often presented as deviant and sinful and becomes source of guilt and shame. Perhaps a healthy exposure to such material could reduce the curiosity about sexual matters which often leads candidates as adults to seek sexual exposure and experimentation which in turn can lead to abuse. Presenting sexuality as a normal dimension of healthy personality can help develop healthy attitudes toward and respect for one's own and others' sexuality.

It is also very beneficial for helpers to be aware of the "Six Psychological Red Flags" that Stephen Rossetti (1996)

presents as common characteristics among adult ministers who molest children. These are: 1) Confusion about sexual orientation, 2) Childish interests and behaviour, 3) Lack of peer relationships, 4) Extremes in developmental sexual experiences (either an excessive amount of sexual stimulation as a child or almost no sexual experiences whatsoever), 5) Personal history of childhood sexual abuse and/or deviant sexual experiences (pornography, sex with strangers) and 6) An excessively passive, dependent, conforming personality (pp. 64-79). These criteria are helpful in identifying potential abusers, in vocational discernment as well in assisting candidates to manage their deviant sexual impulses.

Working with child molesters especially is not easy. The approaches followed in treating other types of disorders may not be very helpful. The helper has to be prepared to challenge the offender specially his use of defense mechanisms such as denial, rationalization, minimization, displacement and intellectualization. Without this form of confrontation, the offender may make little or no effort to change. The offender can manipulate the helper into dealing with issues other than his sexual pathology. For treatment to be effective, the offender has to recognize and admit his pathological behaviour and their consequences. This requires confrontation, but done in a non-judgemental manner while maintaining the necessary empathy toward the offender. This is not easy since the helper can be initially repulsed by the offender's behaviour. The helper may have to make extra effort to connect with him as a human being. He has to come to grips with and go beyond his biases and prejudices. Awareness of the offender's own deprivations and traumatic life experiences that have played a role in the development of his pathology can make it easier for the helper to empathize with him. Building

and sustaining a caring relationship with the offender despite the repulsive nature of his behaviour with children and his defensive and manipulative behaviour during the helping sessions is very important (Barnard, Fuller, Robbins and Shaw, 1989, Valcour, 1990).

Because of the challenges involved in working with paedophiles, it is wise on the part of helpers to refer the candidate to a trained clinician. His essential task might be to facilitate this referral.

### **Sexual Abuse of Adult Women**

Contrary to all the media hype about paedophilia among catholic clergy, research data show that most sexually offending clergy do not molest children. Most are involved with adult women. Data also show that catholic clergy are more likely to abuse adolescent boys and girls than abuse prepubescent children (DeAngelis, 1996, Sperry, 2003). A research study by this author (Parappully, 2003) found that more religious women have been abused as adults than as children. Although the identity of abusers was not part of this study, clinical evidence shows that many more adult women than children have been abused by clergy.

Psychologists are of the opinion that a major reason for sexual abuse by Catholic priests is that many of these men are “grossly unaware of their sexuality and very immature” and that the Catholic Church has done a poor job educating seminarians about how to cope with sexual feelings. Clergy have been found to have more sexual identity confusion than non-clerical offenders. In one study twice as many sex-offending priests scored high on a personality measure called “overcontrolled hostility.” Abusive clergy also report more nonsexual traumas in their lives, especially loss of significant

persons in their lives (DeAngelis, 1996, p. 51). Lowered self-esteem, frustration and overstress too lead to inappropriate sexual liaisons among the clergy (Sperry, 2003).

These data have implications for formation of the clergy. More needs to be done in seminaries in helping seminarians learn to deal with their sexual feelings. Too often sexuality is a neglected area in the seminary curriculum. Sexual awareness training programs are very necessary. These programmes need to address issues and dynamics related to what one gives up and what one embraces in one’s commitment to celibacy. Since most sexual offence victims by clergy are adult women, candidates need to be helped to address especially issues related to intimacy, power and gender equality (see Kennedy, 2001; Praeger, 1995; Rutter, 1989, 1996; Whitehead & Whitehead, 1989). It is essential that seminary curriculum include academic and experiential programmes in these areas.

Handling anger is an important area that needs to be addressed to prevent sexual aggression. Overcontrolled hostility that leads to sexual offence arises from the effort to deny anger and unacceptable emotions. Exalted and perfectionist ideals presented to seminarians and the controlled environment of seminaries lead them to suppress their anger and other emotions considered inappropriate. Candidates to the priesthood, especially those lacking self confidence, often tend to be highly controlled in the expression of anger since it is seen as not in keeping with priestly ideals. They also learn to take a passive and obliging stance toward those in authority in an effort to create favourable images of themselves. As a result they accumulate unexpressed resentment which leads them to act out sexually with more compliant younger people and vulnerable women.

Candidates have to be educated about the dynamics of adult heterosexual relationships. By its very nature, deep friendships seek physical expression. Emotional intimacy will normally lead sooner or later to a desire for physical intimacy. Without clear knowledge of celibate identity and its demands and developing some ability to respect them one may not be able to resist the impulses that lead to sexual transgression.

Candidates have to be educated on the differences in the emotional make up of men and women (see Gray, 1992). While women tend to interpret a man's attentions in more personal and exclusive terms than intended, men on the other hand tend to interpret women's need for expressions of affection in more physical terms. He sees sex where she seeks love. Such misunderstanding of needs and desires can lead to sexual transgressions.

Ambiguities and conflicts are inevitable in any man-woman relationships. Candidates need to learn to talk about these before they build up the kind of tension that may seek relief in inappropriate ways. They have to be encouraged to develop multiple friendships with both men and women. All of their need for affection and intimacy should not be channelled into one exclusive relationship. Rather, candidates have to develop a network of affective relationships characterized by varying degrees of intensity (Moloney, 1986; Schneiders, 1986).

### **Legal Implications**

Helpers need to be aware that sexual abuse especially paedophilia has legal implications. Paedophilia, pederasty, and ephaebophilia are primarily psychiatric terms. Corresponding legal categories are "lewd and indecent acts with children," "child molestation," "contributing to the delinquency of a minor," and "statutory

rape" (Arndt, 1991), "outraging the modesty of a child," and "insulting the modesty of a female by word or gestures" (Mathew, 2004). There are legal obligations, which vary from country to country, that bind the helper in terms of these categories. This accountability to the courts, the victims, and to society is something to which Rectors of Seminaries and Formation Houses, and Bishops need to give more attention than they have hitherto. It is very important that each diocese has a set of principles and procedures in responding to complaints of abuse against Church personnel (see Australian Catholic Bishops, 2000) and have a Professional Code of Conduct for Church personnel (see Gula, 1995; National Committee, 1999).

### **Candidates Who Have Been Abused**

We know that sexual abuse is quite prevalent in society. An international epidemiological survey of child sexual abuse in large non-clinical populations of adults has found rates ranging from 7% to 36% for women and 3% to 29% for men (Finkelhor, 1994). Pinki Virani (2000) reports statistics from studies by various organizations that show high prevalence rates of sexual abuse in India. A *Tata Institute of Social Sciences* study in 1985 among adults between the ages 20 and 24 showed that one out of three girls (30%) were sexually abused as children, and 1 out of every 10 boys (10%). Other organizations in India working on child rights have collated data that show that 5 out of every 8 girls (62.5%) and 3 out of every 8 boys (37.5%) are victims of child sexual abuse in India. The Police officially peg child sexual abuse in India at 40% for girls and 25% for boys under the age of 16. It is very likely that a number of candidates to the priesthood too would be victims of sexual abuse. Indeed, some abused males embrace the celibate vocation as means of avoiding sexual

involvement or as a form of reparation for the past. These candidates have to be helped to heal from the effects of their abuse.

Briere, (1996), Courtois (1988, 1997, 2004) and Draucker (1992) provide very useful suggestions on how to help adult victims of child sexual abuse. I summarise these below.

Goal of helping is to reframe the abuse experience so as to bring about cognitive, emotional and behavioural changes. A number of interventions are helpful here.

What is most important is to help the candidate to remember and narrate what had happened and to experience the original affects and emotions associated with the trauma. These can then be processed to create new awareness and insights and to motivate development of new responses. Breaking the silence and the secret that surround the trauma in itself can be quite healing. An empathic and concerned presence and some encouragement can facilitate this. For the candidate to feel comfortable enough to narrate his story the helper has to create a "secure base" (Bowlby, 1988). The environment in which the encounter between the helper and the candidate happens has to be one that provides safety, security, privacy and confidentiality. The helper has to be warm, caring and non-condemning. The candidate has to see in the helper an advocate, someone interested in understanding what has happened. The helper repeatedly offers validation and support as the candidate narrates his story.

It is important to do some psycho-education about abuse and its effects, especially about the intrusive (flashbacks of the abuse, recurring nightmares etc.) and numbing (shutting out feelings, detachment) symptoms. Information about the prevalence rates of abuse can break

down the feelings of isolation and stigma. Imparting hope about recovery builds the candidate's confidence.

The candidate has to be helped to recognize, label and express feelings associated with the abuse. The denial, repression, and minimization which allowed the candidate to tolerate the abuse, later makes his feelings unavailable except when they break through in flashbacks, nightmares and other intrusive symptoms. Providing the candidate freedom and encouragement will help the expression and venting of feelings. It is important to process (talk about) what the experience of venting the feelings was like and what it did.

Working through these feelings will help the candidate to arrive at a new definition of self. When the candidate begins to empathise with his difficult and painful childhood experiences, he will be able to view himself with less self-condemnation and self-loathing and overcome feelings of guilt and shame. It is very important to repeatedly assure the candidate that the abuse was not his fault. Analysing the childhood situation and family makeup and dynamics helps to transfer responsibility to the transgressor.

Mourning the loss of pre-abuse identity (who he was then), his stunted self-development (who he might have been, what he lost, the price he paid), dysfunctional family relationships (how unhealthy and distorted they were for him) is helpful in recovery. The function of the helper here is to encourage grieving and foster conditions that allow it.

Abuse has very severe negative effects on beliefs especially about body, sexuality, self, and God. The candidate has to be helped to restructure these distorted beliefs. This requires challenging these

distorted beliefs and pointing out their negative consequences. It is important to separate facts from beliefs.

These attitudinal changes have to be accompanied by behavioural changes as well. Candidate has to be helped to analyse old maladaptive behaviour patterns and replace them with healthier and more appropriate ones. Many aspects of self would have remained undeveloped as a result of the abuse. He has to be encouraged to reclaim and develop the lost parts of the self.

This in turn requires education and skills training. Often the counsellor may have to function both as surrogate parent and educator. Areas that would have been affected by the abuse include communication, decision-making, conflict resolution, friendship and intimacy, assertiveness and boundary setting.

Expressive writing, drawing and movement, guided imagery, fantasy and visualization exercises, Gestalt techniques such as empty chair, role play, body awareness, and Behavioural techniques such as anger management and assertiveness training, are some of the tools that are helpful in this process of working through the abuse experience and its consequences. Confronting the abuser symbolically or in real life can also be powerful transformative experience. Bibliotherapy is very useful to increase knowledge and awareness. Candidates have to be encouraged to engage in self-nurturing through proper diet, exercise and relaxation. They need to attend to their appearance—grooming and dressing.

The tasks involved in this healing work calls for some level of training on the part of the helper. Good intention alone is not enough. One who does not have sufficient level of training would be wise to refer the

candidate to someone who is more competent. At the same time, in situations where such competent individuals are not available, a helper can accomplish quite a bit through his empathic and concerned presence and using interventions that he is comfortable with and confident about.

It is good to keep in mind what was mentioned earlier in this paper about the healing power of empathic presence. Psychotherapy research shows that it is the quality of the therapeutic relationship and not the techniques per se that brings about healing and transformation. Briere (1996) refers to this especially in regard to work with adults who have been sexually victimised as children:

...despite the various methods and techniques presented previously, probably the most important components of psychotherapy with abuse survivors involve its most generic aspects: a therapist who is caring, non-exploitative, and reliable, and a safe therapeutic environment that fosters self-awareness, self-acceptance, and the careful processing of traumatic material. Thus, the corrective interpersonal experience of abuse-focused psychotherapy is as much about who the therapist is as it is what he or she says. (p. 137)

### **Online Pornography**

There is an explosion of Internet use, part of which is online pornographic pursuits. A sizable chunk of information available on the Internet is related to sexually explicit material. Sexually oriented chat rooms draw a large number of Internet users. Seminarians and priests are part of the growing number of online pornography addicts. One facilitator of a sexuality and celibacy workshop recently told me that almost all the members of a

religious group attending the workshop admitted to spending considerable time in online pornographic pursuits. Often these forays into pornographic material begin as attempts to satisfy sexual curiosity but develop into compulsions.

The particular nature of the Internet is such that individuals who would not otherwise develop compulsive sexual behaviour, often do so (Putnam & Maheu, 2000). The Internet provides an easy medium—because of access (log on whenever and to whatever), affordability (going online is inexpensive), and anonymity (without the fear of recognition)—for sexual exploration and relatedness without the vulnerability involved in real life interpersonal relations and intimacy. These factors combined with the temporary relief of individual vulnerabilities such as anxiety, depression, and stress that the online sexual behaviour provides tend to reinforce the compulsive and addictive nature of this behaviour.

A 1998 MSNBC Internet survey of those who go online for sexual pursuits (Cooper, 1999) showed that most such individuals (64%) were either married (47%) or in a committed relationship (17%). Of the single individuals (36%), half were dating (18%), and half were not dating (18%). A majority of respondents (59%) worked in professional occupations. Almost 3 out of 4 respondents (70%) indicated keeping secret from others how much time they spend on-line for sexual pursuits. Significantly more men (72%) than women (62%) reported keeping their online involvement secret. Most (87%) reported never feeling guilty or ashamed about their online activities and only 16% were never satisfied with their experience. Most people who accessed sexual Internet sites did not report being distressed by their on-line behaviour. Most respondents (68.2%) said that their on-line behaviour

does not interfere with, nor does it jeopardize (78.8%), any areas of their lives. Yet, a significant correlation was found between time spent on-line for sexual pursuits and negative effects on one's life.

These data indicate that online access of sexuality related sites is a satisfying experience for most and one that does not evoke much guilt, even though objectively it does negatively affect their lives. Hence, this form of sexual relatedness becomes for them an easily accessible, non-vulnerable activity devoid of the challenges of interpersonal intimacy.

One finding from the survey was that heavy users use chat rooms more than average users. This suggests that high use is associated with greater interaction with other Internet users. According to Cooper (1999) the relationship between these two variables appears to corroborate an association of sexually compulsive or addictive behaviour with social isolation. This is important in terms of helping those with problems related to sexuality. They need to be encouraged to develop more social contact and healthy interpersonal relationships.

It is important that helpers explore with their candidates their patterns of Internet usage and its impact. Those who experience problems related to sexuality could very well be heavy consumers of cybersex. Diagnostic interview should include questions about the number of online hours spent on sexual pursuits. The number of hours spent is highly correlated with the degree of life problems reported (Cooper, 1999). Eliminating or reducing anonymity and private access by restricting computer use to public areas can help reduce the problem of Internet pornographic addiction temporarily.

However lasting changes will come only

when the deeper conflicts underlying the behaviour are explored and worked through.

### **SOME ADDITIONAL CONSIDERATIONS**

#### **The Role of Friendships**

A remedy for many of the sexual problems encountered by the candidate is development of deep friendships both with men and women. Social isolation and difficulty with social and personal relationships are often key indicators of persons vulnerable to psychological difficulties (Cooper, 1999). Profiles of child sex abusers show that abusers have very limited contacts with adults and that the social participations they have consist mostly of activities with youth groups. They are also primarily interested in solitary sports. Schizoid personality characterized by self-centredness, emotional isolation and detachment is also a common diagnosis. Fear of intimacy is a major dynamic in various sexual disorders (Arndt, 1991). Hence assisting the candidate to make improvements in social and personal relationship areas and become more comfortable with intimacy can help them manage sexual impulses in more healthy ways and experience greater integration of their sexuality and spirituality. Deep friendships enable one to be open and vulnerable and share one's struggles with a trusted other. Talking about one's sexuality with one other person in a completely open and honest manner is a great support for handling sexual conflicts and anxieties.

Coleman's (1992) observation on celibate chastity is relevant here:

Celibate love implies in a broad way a warmth in being present to one's brothers and sisters, a sensitivity to their needs, a respect for their individuality and privacy,

a concern for their welfare and growth, an ability to expose to them one's own vulnerability, an acceptance of their ministering to oneself, and an expression of one's love in a fitting manner. To the contrary, it is a defect for a celibate to lack the ability to be affective or effective in love for both men and women; it is a defect to be drawn only toward one sex; it is a defect when one is drawn toward others in a purely physical way; it is also as much a defect for a celibate to be affectively distant. (pp. 323-324).

These are the criteria of a healthy celibate living which the candidate needs to be helped to explore, evaluate and develop. Growth in these areas can enable the candidate to develop a more integrated sexuality.

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Deep friendships facilitate the reclaiming and integration of the shadow—the

unwanted, rejected and undeveloped aspects of the self (see Johnson, 1991; Zwiig & Abrams, 1991). Sexuality is an aspect of the self that is driven deep down into one's psychic basement, because many of its impulses are seen as not congruent with the ideals of priesthood. Friendship helps candidates to let down their defenses and in doing so let their dark side they had repressed make itself felt. Allowing these shadows to surface and processing them with friends enable the candidate to be more comfortable with them. The Trappist monk and psychologist Thomas Keating (1996) observes: "One characteristic of love is that it reduces our defenses. When our defenses go down, the dark side of our personality emerges. One important aspect of a true friendship is the willingness to help each other process that material" (p.72).

### **Exploration of Family Dynamics**

The importance of early childhood experience in the development of psychological health and integrated sexuality has been referred to earlier in this paper. Fathers who are absent, passive or distant and dominated by the mother, maternal deprivation during childhood, dysfunctional relationships between parents and sexual victimization have been found to be factors that contribute to adult sexual deviancy (Arndt, 1991). My own clinical experience shows that almost all the clients who come to me or referred to me for psychotherapy for sexuality related issues, have had dysfunctional childhood family environment characterised by parental rejection, physical, emotional and/or sexual abuse. This has implications for recruitment and selection of candidates (see Parathazham, 2000). A careful investigation into the family background can help eliminate potential candidates who as adults will engage in sexual deviancy.

### **Prayer and Sacraments**

Sexuality is a dimension of human life that affects one's spiritual journey profoundly. Spiritual interventions too affect sexuality deeply. Divine assistance is a powerful tool in transforming human weakness and distress. While psychological interventions are used to assist candidates struggling with sexual problems it is also very important and essential that they be encouraged to have recourse to the power of prayer, the Sacraments and asceticism and ongoing spiritual direction (see Richards & Bergin, 1997; Sperry, 2001). Development of healthy sexuality in celibate living also calls for a formation programme that enhances growth in mature and holistic spirituality (see Parappully, 2004a, 2004b).

### **CONCLUSION**

We live in an age wherein there is greater acknowledgement of the role of integrated sexuality in the development of healthy personality. This is true within the Church as well. There is greater awareness within the Church of the problems that many candidates to the priesthood and priests themselves face in regard to their sexual and spiritual integration. This paper has highlighted some of these problems and described psychological and spiritual interventions that can be used to address them.

Sexual problems can be best understood and treated when considered within a global understanding of a person's psychological and spiritual functioning, as well as his personal and familial history. Rather than address specific problems it is very important that helpers explore with the candidate the deeper underlying dynamics that give rise to these problems. One major challenge for helpers is to be the kind of persons whom the candidate can experience as trustworthy and competent and who can provide the kind

of interpersonal environment in which the candidate feels free to explore together aspects of himself that he usually dreads to acknowledge or reveal. Unconditional and warm acceptance of the candidate and unambiguously manifest willingness to accompany him in his struggles can contribute significantly to assisting the candidate to integrate his sexuality and his celibate vocation.

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