



**MAIN EMOTIONAL PROBLEMS OF PRIESTS AND MONKS**  
**by Gigetto DE BORTOLI – BELLUNO, ITALY**

**THE THERAPEUTIC TREATMENT OF ECCLESIASTIC PERSONNEL SUCH AS PRIESTS, MONKS, ETC. THROUGH BONDING PSYCHOTHERAPY GROUPS WAS BROUGHT ON BETWEEN JUNE 2005 AND MAY 2009. PRIESTS AND MONKS DISEASES WERE MAINLY LINKED TO SEVERE PERSONAL PROBLEMS OF SEXUAL ORIGIN.**

**THE PROJECT STARTED NEXT TO AN AGREEMENT BETWEEN “FONDAZIONE PROGETTO UOMO” (BELLUNO) AND “THE MINISTERS OF MERCY SOCIETY” OF ROME, WHERE A REHABILITATION CENTRE FOR ECCLESIASTIC PERSONNEL IS HOSTED, ITS NAME BEING “AGAPE”. “THE MINISTERS OF MERCY SOCIETY” OF ROME LISTS 15 ASSOCIATIONS OF RELIGIOUS CONGREGATIONS, BOTH MEN’S AND WOMEN’S, TOGETHER WITH CENTRES OF JOINT SYMPATHY AND DIOCESE REPRESENTATIVES.**



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IT IS A COMPLETELY NEW WORK METHOD, BUILT BY A NET OF SERVICE AND ASSISTANCE COVERING THE WHOLE OF ITALIAN TERRITORY. METHODS AND MODELS OF REFERENCE ARE THOSE ACKNOWLEDGED BY THE “ITALIAN REHABILITATION CENTRES CONFEDERATION”.

THAT KIND OF SERVICE AND ASSISTANCE WAS FOUND NECESSARY DUE TO THE INCREASING NUMBER OF ECCLESIASTIC PERSONNEL IN SEVERE TROUBLES AND PAINS, GATHERING IN ITALY AND ESPECIALLY IN ROME AS THE CENTRE AND THE CAPITAL OF THE CATHOLIC WORLD.

THE REQUESTS OF HELP COME MAINLY FROM MISSIONARIES AND ORDERED PERSONS WORKING IN THE THIRD WORLD, WHERE LIFE IS EXTREMELY DIFFICULT AND DANGEROUS DUE TO WARS, PERSECUTIONS, STARVATION, EPIDEMIC ILLNESSES AND CONTINUOUS POLITICAL CHANGES. MISSIONARIES FACE SUCH LONG AND SEVERE PERIODS OF SOLITUDE AND ISOLATION, WHERE EVERYTHING IS UNDER A STRICT CONTROL, THAT THEY SERIOUSLY RISK INSANITY.

**FEAR** RESULTS TO BE THE MOST FREQUENT (DENIED) EMOTION



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AT THE BEGINNING THERE WAS SUCH A STRONG RESISTANCE TO THE THERAPEUTIC WORK THAT “THE MINISTERS OF MERCY SOCIETY” THOUGHT OF BONDING PSYCHOTHERAPY AS A STARTING THERAPY LEADING THE PATH TO TRADITIONAL PSYCHOTHERAPY. THE MAIN NEED WAS THAT OF OBTAINING THE PATIENTS RIGHT ATTITUDE TO OPENNES.

BP GROUPS ATTENDANCE HAD AN IMMEDIATE SUCCESS.

**FACTS AND FIGURES**

<b>NR. OF ATTENDANTS TO BP GROUPS</b>	<b>MEN: 55</b>	<b>WOMEN: 5</b>	<b>TOTAL: 60</b>
<b>NR. OF ATTENDANCES TO GROUPS</b>	<b>MEN: 354</b>	<b>WOMEN: 15</b>	<b>TOTAL: 369</b>
<b>ATTENDANCES:</b>	<b>FROM 1 TO 5 GROUPS:</b>	<b>NR. 29</b>	
	<b>FROM 6 TO 10 GROUPS:</b>	<b>NR. 24</b>	
	<b>FROM 11 TO 15 GROUPS:</b>	<b>NR. 7</b>	
<b>AGE:</b>	<b>FROM 25 TO 30 y.old</b>	<b>NR. 4</b>	
	<b>FROM 31 TO 40 y.old</b>	<b>NR. 21</b>	
	<b>FROM 41 TO 50 y.old</b>	<b>NR. 24</b>	
	<b>FROM 51 TO 60 y.old</b>	<b>NR. 11</b>	

**NOTES:**

- MAJOR DESEASES APPEAR AROUND MEDIUM AGE



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- **THE ANALYSIS IS MAINLY BASED ON THOSE WHO PARTECIPATED FROM 6 TO 15 GROUPS**

### **MEN'S PROBLEMS**

- **GAMBLING (1)**
- **ABUSES DURING MISSIONS (2)**
- **EXCESSIVE USE OF ALCOOL, DRUGS AND PSYCHOTROPIC DRUGS (3)**
- **CHARGES WITH PEDOPHILIA (linked to sexual abuse during childhood) (5)**
- **SEXUAL RELATIONSHIPS, MORE OR LESS LASTING, WITH WOMEN AND PROSTITUTES (11)**
- **ON LINE RELATIONSHIPS WITH WOMEN AND CONSEQUENT PORNOGRAPHY AND ECONOMIC PROBLEMS ISSUES (13)**
- **OMOSEXUAL ACTS AND/OR INCLINATIONS (20)**

**46 ON 6 WERE THEN AFFECTED BY SEXUAL DISEASES**

### **WOMEN'S PROBLEMS**

- **REBELLION AND VOCATION CRISIS CAUSED BY ABUSES DURING CHILDHOOD (2)**
- **PROBLEMS OF ADJUSTMENT AND ESCAPE FROM MOTHERS SUPERIOR (2)**
- **TRAINING (1)**

**2 FOR SEXUAL REASONS – 2 FOR POWERSHIP AND RELASHIONSHIP**

**BONDING PSYCHOTHERAPY HAS NOT YET BEEN ACKNOWLEDGED BY MONKS THAT ARE JEALOUS OF THEIR OWN ORGANIZATIONS AND OF THEIR INTERNAL SOLUTIONS. UNFORTUNATELY THERE IS MORE PAIN AMONG ORDERED WOMEN THAN AMONG MEN.**



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**SENSE AND MEANING**

BP GROUPS FUNCTION IS VERY IMPORTANT THANKS TO THE COORDINATION OF TEAM WORK WHERE THERE IS ON ONE SIDE THE DIRECT AGREEMENT OF THE PERSON AND THROUGH AN ANTECEDENT AGREEMENT THE FORMAL REQUEST OF TREATMENT BY THE FATHER/MOTHER SUPERIOR, BY THE BISHOP OR DIFFERENT ECCLESIASTIC AUTHORITY. THE TREATMENT IS SETTLED IN AN OFFICIAL AND FORMAL WAY, AFTER AN INTERVIEW LED BY THE COORDINATOR, WHO IS A PRIEST OR A PSYCHOTHERAPIST (THAT HAS BEEN WORKING ON THE FIELD FOR AT LEAST 20 YRS.) THIS WAY ANY DELEGATION AND ROLE PLAYING IS PREVENTED.

**TREATMENT PHASES INCLUDE:**

- INTERVIEWS AND ACCEPTANCE GROUPS
- PERMANENCE PERIOD IN A REHABILITATION CENTER (IF NEEDED)
- RE-ENTRY FOR TESTING AND EVALUATION OF THE PROGRESS
- FINAL DECISION

**4 PERMANENT REFERENCE PERSONS FOR EACH PARTECIPANT:**

- THERAPEUTIC COORDINATOR
- REHABILITATION CENTER MANAGER
- EXTERNAL PERSONAL PSYCHOTHERAPIST
- SPIRITUAL FATHER



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**THERE ARE ALSO SPECIAL EXTERNAL SERVICES AMONG WHICH THE BP**

**AT THE END OF EVERY GROUP, THE RESPONSIBLE PERSON, IN AGREEMENT WITH THE PARTICIPANT, SENDS A REPORT TO THE THERAPEUTIC COORDINATOR AND TO THE PERSONAL PSYCHOTHERAPIST**

**THE WHOLE CONTENT OF THE REPORT IS SHARED AND KNOWN BY THE PARTECIPANT.**

**THE COORDINATOR OR THE PSYCHOTHERAPIST ARE THE ONES WHO INVITES THE ORDERED PERSON TO JOIN THE BP.**

**THIS HAPPENS IN THE FIRST PHASE, THAT OF “ACCEPTANCE”.**

**IT GOES ON UNTIL NEEDED OR UNTIL THE VERY END OF THE TREATMENT PERIOD.**



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### **OUTCOMES**

**THE WORK DONE UNTIL TODAY DURING BP GROUPS LED TO THE FOLLOWING RESULTS:**

- **Nr. 3 persons:** access to first and second group denied due to severe paranoid and psychotic disease
- **Nr. 11 persons:** still under treatment course
- **Nr. 41 persons:** treatment finished ( based on their report/evaluation)
  
- **The patients “opening” and the “outing of fear” took place during the first 3 groups; the “opening” was crucial for the individual psychotherapy;**
- **All relationships were improved and life inside the rehabilitation centre became a lot easier;**
- **Communication with Superior started again;**
- **All traumatic events of childhood cleared out with the work on emotions;**
- **Autonomy and independent approach to life started again;**
- **Damaging behaviour quit;**
- **“once and for all” final decision achieved;**



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### **UNDER THE AFFECTIVE AND SEXUAL PERSPECTIVE**

- clearing out of distinction between **SEX/GENITALITY** and **AFFECTIVITY**
- direct experience of the **PLEASURE OF BELONGING/CLOSENESS/OPENESS**
- **SCHEMES OF PATHOLOGIC CONTROL (FEAR) QUIT;**
- **Sexual identity acknowledged and managed ( among the 20 who had shown a tendency to homosexuality, 13, having lost their fear towards women, were able to re-approach them;**
- **Existing homosexual relationships discussed and refused;**
- **Accusations of pedophilia: detection of root cause of unconscious behaviours causing the accusations;**
- **Affective motivations on relationships with women and on moral conflicts between free choice and religious lifestyle re-evaluated;**
- **Achievement of a final determination on going back to laic life or going on with religious life;**

### **OUTPUTS**

- **Nr. 2 priests required to go back to the laic status;**
- **Nr. 1 monk required to go back to the laic status;**
- **All other participants renewed their religious choice going back to pastoral appointments;**
- **The final result was declared “extraordinary” by all institutions.**



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**FINAL ASSESSMENT**

On May 4<sup>th</sup>, 2009, in Cotignola (Ravenna, Italy) I had the opportunity to compare the experience described above, to the work of 7 different institutions working in Italy on the field of assistance and care of ordered persons in severe psychological troubles.

Main benchmarked issues were typology of problems – typology of initial linking – timing – results.

- Same results as MdM+BP were accounted as far as typology of problems is concerned (linked to sexuality);
- As for INITIAL LINKING for agreement on the kind of treatment and for its continuity:

MdM+BP	OTHERS
Precise, well defined, formal	Precarious and undefined
Constant verifications during the process	on demand verifications
Re-defined at any step if needed	Left free
Well known contents	Well known contents
Multi-professional	One- or bi-professional



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- As for **TIMING**, the comparison turns out to be really surprising:

<b>MdM+BP</b>	<b>OTHERS</b>
<b>Linking within 2 months</b>	<b>Linking in 1- sometimes 2 years</b>
<b>Access max. 3 months</b>	<b>Access step does not exist</b>
<b>Rehabilitation Min. 4-max. 12 months</b>	<b>Rehabilitation Min. 12 -max. 36 months</b>
<b>Input to change</b>	<b>No planning of inputs</b>
<b>Scheduling of ending</b>	<b>No scheduling of ending</b>

The results described above led the attendants in Ravenna to take seriously into consideration the procedures of the MdM+BP, being the initial linking so quick and effective, the resulting data are clear, permanence is shorter, pressure on participants has a role on the process due to the step-by-step control, involving the patients and the sending institution. “The Others” asked for our procedures.

Since “The Others” had not brought any data on final results it was not possible then to compare them. “The Others” team does not have a real coordination plan. They meet every 6 months, reporting how each single service has worked. It is more a kind of discussion among people working “more or less” at similar activities.

Nor is it possible to compare the organization of the services which are proposed to ordered persons, being them too many and various. There are the dioceses, the Religious Orders, groups of specialists, rehabilitation houses coordinated by some psychotherapist.

The real comparison was on the planning of the therapeutic process, particularly on **TIMING** and **AGREEMENTS** for the treatments.

The very special effectiveness of BP Groups is crystal clear



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### **FINAL COMMENTS**

- 1. BP Groups turned out to be extremely effective for ordered persons, to the extent that psychotherapists, psychiatrists and the senders put them constantly as first step to treatment.**
- 2. The main effectiveness lays on the opening to emotions in persons that count all typical neurotic defence and resistance attitudes, such as:**
  - a. Persons educated to intellectual, formal and role based work;**
  - b. More “exposed” persons or persons with relevant ecclesiastic roles;**
  - c. Persons educated with rigid moral principles contrasting with practical life;**
  - d. Persons educated to total negation which led them to deception and lies;**
  - e. Persons educated to excessive compromises;**

**The work with the BP group leads people to the straight admission of the hidden problem**

- 3. The effectiveness lays also on an unexpected result which is experienced by participants as a kind of gift, that is the presence of other human beings, especially women, who:**
  - a. show out their problems with difficulties, but also with more honesty and frankness;**
  - b. do not give any “light” judgment, nor are they surprised by other group members being religious staff;**
  - c. they welcome and share weakness coming from themselves or from other group members;**
  - d. they promote and get an equal matching, bringing down any role;**



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- 4. when it comes to sexual problems (sexual identity, irregular behaviours, pedophilia) in contrast with the ethic principles and the religious commitments, the BP group brings to light:**
- a. situations of affective immaturity;**
  - b. emotional blocks after more or less serious shocks in childhood and youth;**
  - c. abuses;**
  - d. unsolved problems of sexual origin in relationships, causing adaptation or solitude;**
  - e. confusion between genitality/sex and affectivity inherited from familiar settings;**
  - f. behaviour of escape and reaction when sex is involved in order to lower the excessive stress deriving from control (this comes normally together with fear);**

**Physical closeness and emotional openness during BP mixed groups helps the expression and the flowing of emotions, especially thanks to the presence of women that are more inclined to emotional communication and are frequently sadly competent on abuses (sometimes led by ordered persons!)**



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I witnessed real cathartic shows of:

- reconciliation;
- mutual forgiveness;
- rediscovery of intimacy and affection of hugs;
- distinction between sexual and affective pleasure;
- holding again of one's own baby side, hurt to death;
- adult responsibility towards pulsions;
- acknowledgment of one's own sexual identity.

*I would like to close my presentation, reporting one of the last telephone conversations with Padre Pino, who had been a Missionary for many years in Africa. He was over his 60s, quite a small man, who suffered so many struggles in complete solitude during the frequent wars in the centre of Africa. He was very severe to himself, because despite his age, he still had sexual impulses, quite uncontrollable ones, without knowing why. He died in a very short time, next to 5 consecutive BP groups. He died from a cancer involving his intestine, his pancreas and his sexual apparatus. He told me: "Never would I have thought I could feel women so close and intimate to me. They made me feel less alone. This helps me a lot in dealing with my illness. Never did I experience such a closeness to people and never have I perceived myself as such a lovable human being.*

*Thanks."*

I also thank you so much for your very kind attention,  
Gippetto