## A CASE STUDY

What follows is the description of a clinical case of a former client who is now deceased (all identifying information has been altered to protect his identity) together with an articulation of what I consider to be relevant spiritual and psychological processes that contributed to the client's healing.

### CASE DESCRIPTION

"Joe" was a fifty-eight-year-old Anglo male, a Catholic priest, who was referred to me by his Bishop following six months of residential treatment at Saint Patrick's, a facility specializing in the treatment of Catholic clergy and other ministers struggling with a variety of emotional and addiction issues. Joe had come to the attention of his bishop as a result of having been recognized by one of his parishioners at a gay bathhouse.

The developmental history showed that Joe had not been victimized during childhood. However, he had grown up in a highly contentious family where his parents separated multiple times, divorced twice, and remarried twice. His mother worked long and hard hours, whereas his father would come home in a way that seemed "unpredictable." Joe remembered his father's coming home intoxicated and demanding that Joe serve him beer as the father would tell stories and cry and rant about things of which Joe had no recollection. Joe performed the service of pouring alcohol in a glass while completely disconnecting himself from the situation and the person of his father.

Joe reported that he had his first sexual experience with another boy around the age of thirteen, and later, while in high school, he self-identified as gay. He later had a heterosexual encounter while under the influence of alcohol, which left him more confused and less satisfied. Once accepted into the seminary, and throughout his time in the seminary, he did not have any sexual contact with anyone. During the week of his ordination, Joe resumed frequent same-sex sexual contact

that, on many occasions, was anonymous—no face, no name, no connection, except for intense sexual contact. For brief periods of time, Joe fell in love with a couple of other men with whom he developed a relationship. As Catholic priest for more than two decades, he had not been able to live up to the aspiration of celibacy for any substantial period of time.

The extensive psychiatric work-up at Saint Patrick's only substantiated the diagnosis of Joe's sexual addiction, but it established no meaningful levels of depression or anxiety, and no psychotic features. While there, Joe learned he was HIV positive in addition to having other significant medical problems. He had struggled with binge drinking until seven years prior to our first clinical contact. He stopped drinking after he was diagnosed with cirrhosis of the liver.

Joe had been in individual psychotherapy prior to being sent to Saint Patrick's, and he continued therapy while there. By his own words, and those of his therapists during residential treatment, he had shown very poor motivation and had essentially made no progress. In fact, soon after his stay at Saint Patrick's, he had a relapse of sexual acting out.

He was a successful pastor, well liked by his parishioners, and received commendation by his bishop. After his death, many of his fellow priests spoke very highly of him in private with me. He was hardworking as he felt he "had to," to compensate for his "sinful" behavior. One of the most tragic elements in his history was that, early in our conversations, I learned that he had never had a sense of the presence of God in his life, although he had been in spiritual direction for years and was himself certified as a spiritual director.

## THE GOALS OF A WHOLISTIC APPROACH TO PSYCHOTHERAPY

The goals of psychotherapy involve the integration of complex psychobiological systems to facilitate the emergence of more sophisticated and differentiated processes (Siegel, 2007). The initial goal of

our psychotherapy in this case was to modify Joe's addictive behavior upon which he relied to generate a sense of vitality and to regulate emotional and interpersonal behavior. A subsequent goal was to address an attachment pattern characterized by emotional distancing, chaotic interpersonal relationships, and a concordant attachment to God. The manner in which he thought of his father, as distant and uncaring, was the manner in which he felt and related to God: Joe had longed for connection but felt that God was distant and unavailable. Finally, we addressed issues connected to values and beliefs, namely, his vocation, professional relationships (particularly with his bishop), and the incongruence between behavior and belief.

In other words, the goal was to bind the Seeking system (longing, thirsting) to persons who were available, safe, and emotionally intimate (a secure attachment interpersonally and spiritually); develop a healthy way to modulate negative emotions (shame, guilt, indifference); and reach the desired result of benign attributions about himself (his vocation), God, his bishop, and others who were important to his life.

For example, I said to Joe early in the process of therapy: "You have been cheating in your marriage for thirty years." I was aiming to clearly identify the nature of his addiction and link it to attachment processes. At a subsequent point, I interpreted the core of the addictive motive and said: "You have longed for a sense that you love and are loved," thus connecting the motive to attachment longings. Another time, I interpreted an avoidant attachment pattern by saying: "You relate to God 'on demand,' in an emotionally distant way, just as you did to your father. You take the approach, 'Just do it. Don't get emotionally involved, since that is dangerous.'" By saying this, a differentiation in the Theory-of-Mind system was promoted, offering a different attribution about his father and about God.

On one occasion, Joe shared how he would find himself rushing to confession after casual sex. Almost in passing, he termed this activity as "sacrilegious." I softly repeated "sacrilegious?" This resulted

in Joe's intense grief reaction, followed by a facilitation of a higher integration of a sense of God as the father who continued to seek him out, even after all these years. It allowed Joe to experience the presence of God and to develop a Theory of the Mind of God as merciful and involved. In the following appointment, he said: "By the way, Doctor, I prayed this week, and felt something different." "You mean, God was present?" I ventured softly, as if reflecting the holy ground we walked together. "Yes," he said, as he started to shed tears of quiet joy.

With this patient, we processed his addictive behavior as the Seeking System gone awry, and we explored his need to attach in love to God beyond the fulfillment of his professional call. The activation of Attachment elements and Theory of Mind were essential to begin to bridge the gap of a divided life. He could see and believe in a personal God who cared to grieve for his behavior and to continue to wait for the return of this prodigal child.

***The manner in which he thought of his father was the manner in which he felt and related to God.***

After about fourteen months of work, Joe returned to active parish ministry and continued with his Twelve Step group, while I saw him about once a month. He remained a self-identified single gay man and religious conservative—and he became celibate.

One day, his bishop asked me to make a hospital visit since Joe had been admitted following the diagnosis of cancer. When I met with him, Joe told me he had only three months left to live, and that he was well, that he was ready, that he knew he was assured of God's welcome on that day. We prayed together, as we had occasionally done in my office. The next day Joe passed away. Yet he passed away having experienced God's presence and acceptance in his life, no longer acting out, and having received (and welcomed) the affirmation of his spiritual community and bishop.

## CONCLUSION

Human beings, regardless of position, ethnic origin, or social orientation, need to know who loves them, and whom they love. This clinical case example provides some ideas as to how pastors and therapists might help individuals who struggle with same-sex attraction yet choose a celibate lifestyle as the result of religious convictions. Understanding and legitimizing a longing to love and be loved, affirming the need for a healthy social network in which a measure of emotional intimacy can be experienced, and sensing the presence of God as welcoming and merciful proved crucial to the emotional and spiritual healing of this client. For Joe, being restored to his spiritual community was very important, undoubtedly because of his position as an ordained priest. I do not believe the outcome would have been similar had Joe returned to a community that avoided, marginalized, or condemned him.

It would appear that some Christian churches have difficulties in assimilating and welcoming those who, for various reasons, remain on the margins: from the poor in affluent churches, to immigrants in Anglo churches, to the single and shy in any spiritual community, to individuals struggling with same-sex attraction in churches that consider the Bible to be authoritative. This means that we ourselves have some soul searching to do. *Do we, as a community, want to be known in the way Jesus was?*

While Jesus was having dinner at Matthew's house, many tax collectors and "sinners" came and ate with him and his disciples. When the Pharisees saw this, they asked his disciples, "Why does your teacher eat with tax collectors and 'sinners'?" On hearing this, Jesus said, "It is not the healthy who need a doctor, but the sick. But go and learn what this means: 'I desire mercy, not sacrifice.' For I have not come to call the righteous, but sinners" (Matt. 9:10–13).