'NOT VERY HAPPY AND MIXED WITH A LOT OF NERVOUSNESS'. THE PRIEST AS THERAPIST IN CATHOLIC MENTAL HEALTH CARE

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My paper is about the practice of a Catholic Pastoral Center in Amsterdam between 1958 and 1965. In this counseling facility priests and psychiatrists provided a mixture of pastoral and mental health care to homosexuals, who experienced various difficulties, especially with respect to religion. The records of this facility, which I studied, contain correspondence involving clients and reports from priests and psychiatrists. Because the Pastoral Center primarily catered to individuals with religious concerns, the first person they would talk to was a priest, who wrote the most elaborate notes. This material is rather unique because it offers insight into the practice of pastoral care, about which little documentation is available.

The clientele largely consisted of Catholic men between twenty and forty years old from the middle and lower middle classes. Apart from the contradiction between homosexuality and the doctrines of the Catholic Church, conflicts at work and between parents and children, prosecution as well as relational problems were given ample attention. However, my argument concentrates on the relationship between religion and homosexuality. Many clients complained about being rejected by the Church and a lack of understanding of the clergy. They struggled with feelings of guilt, but at the same time several of them asked critical questions about Catholic morality and expressed a certain degree of self-awareness and assertiveness. Apparently, silence, self-denial, and leading a double life were not taken for granted anymore. Their comments suggest on the one hand an attachment to the Church and on the other increasing doubts about its moral doctrines, and also a more general uncertainty about how to shape their lives. Such inward conflict was advanced by the widening possibilities of everyday life, which were a consequence of growing prosperity and social mobility in the 1950s. Notably those who lived in Amsterdam or who regularly went there to seek pleasure in the homosexual subculture, struggled with the gap between religious tradition and their own sexual behavior.

Like their clients, the priests and psychiatrists wrestled with moral dilemmas. Their main objective was to keep Catholic homosexuals within the Church and at the same time to reassure them and to meet their difficulties. The counselors had to adopt a cautious approach. The Pastoral Centre had been set up with the consent of the Dutch bishops and within the established Catholic order it was difficult to discuss openly its moral doctrines. The Center was set up as an experiment and the records regularly refer to 'new insights' used by the counselors. What these exactly amounted to is hard to distill from their divergent and ambivalent advice. The counselors did not have ready available solutions to their clients' difficulties. The priests and psychiatrists regularly consulted each other and a new approach gradually evolved through the experience gained in practice. Inasmuch as the records can serve as evidence, the collaboration between the priests and psychiatrists hardly caused friction. The priests were progressive clergymen who were positive about professional mental health care and who even used the strategies of social work and psychotherapy. Over the years some coherency and structure crystallized in the counseling of the Pastoral Center, which I would subsume under the denominator of psychologisation: a combination of growing individualisation, internalisation, an emphasis on personal experience and responsibility, and the recognition of emotions. Both the psychiatric and the pastoral

reports suggest a psychologizing mode of interpretation on several levels. The rest of my presentation will focus on this issue.

The first level concerns the differentiated interpretation of homosexuality. The priests tailored their moral judgement and advice to a careful examination of the personal drives, motivations and circumstances of their clients: whether there was a homosexual disposition or it was a matter of mere behavior; in particular whether it involved 'random' and promiscuous sexual behavior or a love relationship; and whether sexual contacts were motivated by just lust or by love. On the basis of the differentiation between disposition and behavior, two distinct categories were distinguished: so-called 'true' or 'real' homosexuality, which was purportedly determined by an inevitable, innate drive, and so-called 'pseudo-homosexuality', which was considered as contingent behavior of essentially 'normal' individuals. Before judging morally, the priests first, with the help of the psychiatrists and predominantly on the basis of what the clients told them about their sexual experiences, fantasies, dreams, emotional life, and childhood, tried to establish to which category a client belonged. In this way moral judgment was geared towards a psychiatric diagnosis. Only in the case of pseudo-homosexuality were clients considered as sinners. Real homosexuals, on the other hand, had not freely chosen their inclination, the reasoning was, and therefore they could not be held accountable. In Catholic moral theology free will was a necessary condition for committing sins and when a psychiatrist diagnosed a homosexual disposition, priests could justify safeguarding homosexuality from being judged in terms of sin and guilt. The only option for those concerned was 'self-acceptance' and they were viewed as pitiful and suffering from mental problems and thus in need of help.

The second level of psychologisation concerns the observation of the counselors that the forced suppression of emotions and desires, sexual ones in particular, frequently led to unhealthy inhibitions, neurotic disorders, and frustrations. The awareness that the traditional Catholic morality was at odds with mental health was a major incentive for them to interpret theological guidelines broadly. The most striking innovation was the idea that homosexuals should not suppress sexual needs at all cost, but regulate them in a 'responsible' manner in lasting and monogamous relationships in order to keep them from pursuing random sexual contacts and also, more in general, to counter their isolation and loneliness in modern society, which was viewed as impersonal, utilitarian and materialist. This reflected an important change in the Catholic judgment of sexuality: the traditional standard of procreation within marriage was superseded by an ethical code that stressed the meaning of sexuality as a way to express affection and personal authenticity in emotionally fulfilling relations, which would benefit individual resilience, self-realization and well-being. Pastoral care thus stressed the importance of sexuality and, unintentionally, contributed strongly to a consolidation of homosexual identity. But at the same time homosexuals supposedly could conform to the same moral order as married heterosexuals.

With this approach, which was based on a psychological perspective, the counselors distanced themselves from the prevailing Catholic view that linked homosexual behavior to sin and moral degradation. They also distanced themselves from the psychiatric view of homosexuality as an illness that should be treated. The frequent references in their reports to mental flaws or problems of clients pertained not so much to homosexuality as such, but to how they reacted to social rejection. This brings me to the third level of psychologisation, that is the way the counselors interpreted clients reactions to social pressure and the moral condemnation by the Church. In the records the situation of homosexuals was frequently

described in terms of 'outcast', 'loneliness', 'isolation', 'fear', and 'meaninglessness'. However, the counselors did not go as far as to suggest that such problems were a direct consequence of social exclusion, as some clients did. Rather the priests and psychiatrists shifted attention from the actual social and moral pressure, which was hard on homosexuals, towards how they *felt* about it and their inner coping with it. Their reports reveal the extent to which the counselors reduced social and moral conflicts to individual emotional reactions to them. In this respect they tried to get clients to view their difficulties in a different light by reformulating the problem definition, thus shifting attention from the rejecting attitude of the Church toward the way religion was individually experienced. Apart from frequent qualifications like 'superficial' and 'primitive', the counselors also used such terms as 'immature' and 'undeveloped' to indicate that the religious sense of clients was not based on inner conviction, but merely on formalities and convention. Significantly, then, the counselors shifted the emphasis from fixed moral rules to personal conscience and individual responsibility.

This is the fourth level of psychologisation. Pastoral care was shaped through a psychological redefinition of Catholic norms and values. Many problems, according to the counselors, resulted from a religious experience in which conformism, passive docility, coercion and fear prevailed. Their approach implied not only that sexual morality became somewhat less suffocating, but also that individuals had to meet psychologically higher standards. Passive obedience to moral authority was not considered a virtue any longer. In some cases, the counselors, with their often vague and ambiguous judgments and advice, left their clients in the dark on purpose about the moral acceptability of homosexuality. Instead of offering clear and unambiguous moral guidelines, which some clients clearly expected and wanted from the priests, the counselors pointed to the importance of individual conscience. According to them authentic moral behavior could not be imposed from outside or above, but was based on inner conviction. Clients were continuously stimulated to engage in moral self-judgment. Emphasizing self-examination, self-motivation, self-guidance and personal responsibility, pastoral care clearly displayed features of psychotherapy. In their reports the counselors frequently evaluated the talkativeness and verbal powers of clients Those clients who articulated their concerns well and were willing and capable of speaking openly about themselves and who also showed a perspective of their own on their problems, were meeting the implicit expectations of the counselors. The individualized and internalized experience of religion that they used as a standard, as well as the assertiveness they sometimes stimulated, required another personality structure than the one fostered by traditional Catholicism. To develop into an individual with a self-reliant and balanced 'personality', one who accepted his homosexuality and managed to give meaning to it in a responsible way, mental resilience was needed. Catholic homosexuals should let themselves be led in their behaviors neither by fixed rules and norms, nor by their random impulses and emotions; instead, based on a careful inner evaluation they had to find the right balance between the two.

To what extent the Pastoral Centre in fact met the needs of its clients and whether they followed the advice given to them, is difficult to establish on the basis of the records. Still, the records suggest that many accepted the pastoral advice with relief and found some hold in it. Although the clientele of the Pastoral Center did not amount to more than several hundreds of individuals, its influence has been quite substantial. In the early 1960s the insights gained in its practice were diffused at conferences, in publications and on radio.

Thus for the first time it became public that Catholic experts no longer subscribed to the official condemnation by the Church of homosexual behavior. A similar development occurred among Protestants. Within a few years confessional mental health experts together with clergymen managed to bring about a change in the moral climate, which contributed to the launching of the homosexual emancipation process, geared as it would be to (self) acceptance and social integration.

The changing Catholic attitudes toward homosexuality should not be explained simply as a process in which mental health standards superseded religious ones. There was in fact a more complicated interplay between professional mental health care and religion. As appears from the records of the Pastoral Center and from developments in the 1960s and 1970s as well, pastoral care for homosexuals gained ground and was intensified as a consequence of the growing acceptance of psychological notions in religious circles, which entailed a moral reorientation in the field of sexuality. Promoting a situational and personalized morality, the counselors transformed moral control of sexuality from external coercion towards internal self-constraint. In their effort to adapt Catholicism to the demands of changing social relations, they used a psychologising perspective, a more subtle and 'soft' form of coercion, as part of the effort to learn Catholic homosexuals to deal with the increased social liberties.

All of this can be explained in the context of the more general development of mental health care and its relation with religion from the 1940s until the 1970s. Although the influence of professionals increased, the impact of clergymen on mental health care was far from nullified. In a continuing dialogue between clergymen and mental health professionals the meaning of Christian values as well as the definition of the object of psychiatry was transformed. In the discourse of Catholic mental health care of the 1950s and 1960s some central conceptions of Catholic moral theology, such as freedom of will and moral accountability, still played a crucial role. However, these terms were more and more detached from Christian conceptions such as sinfulness, guilt, and redemption, and they were increasingly related to psychological notions like personal growth, self-realization, maturity, and self-reliance. Until the 1950s, in the Catholic world the object of psychiatry used to be defined in terms that indicated a lack of freedom and moral responsibility. It was associated with the non-spiritual, with the turbid pool of irrational passions and instincts, which had to be subdued for the sake of man's salvation. In the 1950s however, the concept of freedom was used by clergymen as well as psychiatrists and psychologists in such a manner that it could be connected to mental health in a positive way. It was no longer perceived as a supernatural essence of man, but rather as an ensemble of psychological capabilities that could be developed by good education and, if necessary, by counseling and psychotherapy. Thus, inside the institutions of mental health care, Christian values were given another meaning, so that they were in line with psychological standards. Mental health, defined as inner freedom, was to be valued now as a precondition for a more individualized faith.