

PSYCHOLOGICAL FITNESS

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VOCATIONS TO PRIESTHOOD and/or religious life are intrinsically related to the culture from which they come, and to the culture they are intended to serve. For the concept of culture intended here, one should consult Vatican II documents, particularly the Church in the Modern World, where the term is used in its contemporary anthropological sense, to indicate a coherent pattern of life, involving its own attitudes, beliefs, behaviour norms, values, aspirations, even prejudices and stereotypes. One should remember also that vocation is not a *charisma*, namely, the result of the direct and immediate intervention by God in the spatio-temporal continuum, but rather emerges, though ultimately of divine origin, through secondary causes and human factors.

It has always been necessary to *discern the suitability* of the candidate presenting himself as a potential vocation. St Paul tells Timothy not to impose hands lightly on any man; Matthias was selected because he fulfilled the requisite criteria laid down by Peter:

So one of the men who have accompanied us during all the time that the Lord Jesus went in and out among us, beginning from the baptism of John until the day when he was taken up from us – one of these men must become with us a witness to his resurrection.¹

These were the criteria; and when the possible candidates were examined, two qualified in these respects, so that lots were drawn. It is not necessary to regard the falling of the lot on Matthias as a direct divine intervention, but as a human way of solving a dilemma. Yet this does not mean that the call of Matthias was not of divine origin. We must try to understand more clearly the meaning of divine origin in the ways in which God rules and is related to man, and specifically the meaning of divine origin when we talk about vocation.

The task of the religious superior, the local ordinary, the expert called in to advise, the rector of the seminary, and of all those

¹ Acts 1, 21-4.

concerned with the discerning of the candidate's fitness, is to see if there is sufficient evidence from which to infer the fitness of the candidate.

The 'fitness of the candidate' must be seen in its historico-cultural context. A candidate might well be suitable for a relatively deprived, disadvantaged or underdeveloped culture, but unsuitable as a religious or priest serving the people of God in an advanced, sophisticated or highly developed culture. This of course is not an all-or-nothing concept. Where clergy are in short supply, or a church is in its infancy, extraordinary measures have to be taken and men ordained, for instance to found the eucharistic community, whose own cultural level may very well lag behind that of the people they serve. But this is neither the ideal situation nor the ordinary providence of God in caring for his Church.

It is often contended that if we had had psychological assessment of vocations in past decades or centuries, some very valuable vocations would have been lost to the Church; that some of the saints were neurotic; that some charismatic founders of religious orders, for example, would not now be accepted even as postulants in their own orders. Names that come to mind almost at random are St Joan of Arc, St John of God, the Curé of Ars, St Gemma Galgani, Ste Thérèse . . . There are several points to note, however.

Perhaps the first is that the Spirit blows where he will. The holy Spirit could, in his wisdom, call a psychologically disturbed person to serve his purposes and to sanctity. We have always accepted this in respect of 'physical' illness. But the distinction between 'physical' illness and 'psychological' illness is now blurred, and we have come to see more clearly that both forms of illness are simply ways in which a person is ill. 'Psychological' illness has no more and no less to do with soul, grace, or virtue than 'physical' illness, in spite of what some authors contend. This being so, it will be readily understood that vocation in the ordinary providence of God will be related to the state of diagnostic skills at any given time. Thus, better diagnostic skills can now detect tuberculosis, carcinoma, diabetes, and a host of other illnesses, at much earlier stages than formerly. We have accepted the need for a medical examination – one especially related to the capacity of the candidate to live the life of the congregation, institution, etc., which he wishes to join. In this context, we do not say that we are interfering with the action of the holy Spirit, but rather interpreting and facilitating it. This argument will hold also in the psychological sphere.

The second point to bear in mind is that unless we are careful we will confuse the concepts of ability and attainment. Thus, whenever one speaks about psychological assessment of candidates for priesthood or religious life, someone is bound to ask, 'what about the Curé of Ars?' The answer is very simple. A close study of his life will reveal (a) that he had a very high level of intelligence; (b) that in contemporary jargon he was 'culturally deprived'; and (c) that he interpreted his own experiences in the only manner in which he could, namely, in terms of the cultural background in which he was formed. We should remind ourselves that this is true also of the scriptures, old and new. In the Old Testament, events are interpreted from a theocentric viewpoint. In the New Testament, many of the healing miracles are described in terms of demonic possession. There was no other way in which the human witnesses and recorders could do so. It is only with the spread of psychological and anthropological insights that alternative interpretations became possible. Do we not, even still, say that the sun rises in the east and sets in the west, even though we know that the reality is otherwise?

The third point to bear in mind is this: our medical, psychiatric and psychological insights are very recent. Scientific medicine has made more strides in a century than in the previous history of mankind. Psychiatric and psychological knowledge is younger still. We cannot solve all or perhaps even many problems. But if we do not use such knowledge as is available, we shall only perpetuate, perhaps even increase, many of the problems of the past. Already, it would perhaps be agreed, we have too many misfits in the religious and priestly life.

The fourth point to note is this. The cultural norm in educational attainment has risen steadily over the past hundred years or more, and continues to rise. The formation – personal, intellectual and spiritual – which we recognize as necessary for our young religious has changed radically in a much shorter period of time. The demands that will be made on the young religious now in training will be those of the twenty-first century. All we can be sure of in this regard is that these demands will be extremely onerous.

In view of all the above, one can indicate some of the factors under the general heading of psychological defects which are counter-indications in respect of vocation, or which at the very least will make it difficult to live a fruitful life in an apostolic or contemplative community.

The social organization of religious community life reflects the

society in which it occurs. Thus, in a highly stratified society, where universal intellectual achievement was not the norm, religious communities were themselves two- or multi-tiered. We have seen this disappear very rapidly since Vatican II, reflecting the change which has already occurred in western society, and is occurring rapidly in other societies. In this area, therefore, it is predictable that individuals with an intelligence level below that which would be necessary to enable them to assimilate the religious, theological and professional or occupational formation necessary for their satisfactory integration into a particular Institute, will no longer be acceptable. Experience would seem to show that the minimal level is about IQ 105 full scale. In general, one could take as a rule of thumb that a candidate who has not the ability to train as a teacher, or nurse, or similar vocation, has not the ability, either, to benefit from the formation process which the contemporary Church requires. But individuals with the appropriate intelligence level may still be unsuitable on personality grounds. We have always recognized this, of course. What has changed is simply a better understanding of some of these, and a more accurate discernment or prediction of their occurrence.

The holy See in fairly recent documents has developed the notion of psychological fitness of personality for the burdens of priesthood and religious life. In the past, the directives of the holy See were naturally based on the state of knowledge at the time they were issued. For example, when the code of canon law spoke of the *amentes* (people who have 'lost their minds'), it was using a perfectly reasonable term for that epoch. The *amentes* were the burnt-out schizophrenics, the badly deteriorated paranoiacs, the people who, a little more than a century ago, were exhibited in mental hospitals much as animals in a zoo. The holy See also in the past used the phrase 'possessed by demons': those who were so possessed were not to be ordained or professed. It is very likely that possession by demons is a perfectly understandable psychiatric problem. Some of the gospel stories of the casting out of devils would seem to be straight-forward cures of either epileptics or schizophrenics.

It would be difficult to classify all the ways in which an individual can be psychologically unfit for priesthood or religious life, but perhaps the following short list covers the main categories.

1. *Personal immaturity* The concept of maturity is a relative one. It always should mean maturity-at-age: a seventeen-year old or a twenty-four year old in the culture to which he belongs. There are

always some, however, who will be far behind the cultural norm for their age group. The special difficulty which such persons present in the religious sphere is that their very immaturity can appear to be an advantage. It can be misinterpreted as 'simplicity', 'docility', or 'innocence' etc.; and it is very difficult to avoid confusing these personality traits with the corresponding virtues of honesty, chastity and obedience. The mind of the Church at present would seem to demand that the prospective candidate should be more and not less mature than formerly, and perhaps also more mature even than his own age group in his own culture. This demand for a higher level of maturity is based on the expectation that a more mature personality will also be more stable in his life-choices. (We might add that it has been known for a long time that the stability of a marriage is inversely related to the age at which it is contracted. We would appear therefore here to be in the presence of a very fundamental psychological principle.)

2. *Personality inadequacy* This is related to personal immaturity, but is a somewhat different concept. 'Immaturity' may gradually disappear over time, but an inadequate personality will never, as far as one can see, become an adequate one with the passage of time. Personality inadequacy refers to such factors as basic insecurity, *aboulia* (lack of will-power), incapacity to make decisions, incapacitating shyness, self-depreciation of the Uriah Heep type, psychopathic and socio-pathic attitudes, and inordinate dependency.

3. *Disturbances of psycho-sexual development* The normally developing personality in any culture goes through a series of developmental stages, some of which are common to all cultures, and some specific to a given culture. Thus, in our type of culture there are oscillations between asexual, monosexual and bisexual phases. A fixation at the asexual or monosexual phases is a strong counter-indication on purely psychological grounds. On moral grounds, other factors arise, so that inability to control one's sexuality successfully at whatsoever stage, even though one has gone through the normal phases of psycho-sexual development, is a counter-indication for other and obvious reasons.

4. *Sexual hyperaesthesia* This is the condition of one who reacts with pathologically frequent and intense psycho-sexual disturbance to neutral or relatively neutral stimuli (e.g. shop window displays, the sight of any typical, normally-clothed girl in his environment), or who is in fairly constant and *uncontrollable* states of pathological sexual excitement, even in the absence of any stimulus.

5. *Infantile and/or cultural deprivation* These are distinct, but may be related, phenomena: so that we can consider them together. Infantile deprivation as used here refers to the fact that some children in early infancy are deprived of the presence of significant adult figures in their world. This lacuna in their development can be compensated for in exceptional cases with expert advice, but ordinarily it leaves a discernible gap in the personality structure which makes for poor inter-personal relationships, immaturity, blunting of affect etc.

Cultural deprivation, on the other hand, refers to the child's environment other than significant adult figures. Again it should be stressed that cultural deprivation in childhood can be compensated for, but this is rarely achieved, and those who are culturally deprived in infancy will normally be culturally displaced persons in adulthood. They will thus be more prone to behaviour disorders, neurotic conflicts and inter-personal conflicts than would otherwise be the case; but more particularly, they themselves will find themselves rejected by the people of God whom they should serve, because of their cultural inadequacy. It may be objected that such individuals are as capable as any other of the valid administration of the sacraments etc.; and this again is true. The point that we are making is a wholly different one: it is that if it can be foreseen, in the case of such individuals, that their ministrations will be negated: in fact, that they are likely to be rejected, and that because of inter-personal and intra-personal conflicts they are likely to seek a way out themselves later on, one has to be very honest and recognize cultural deprivation as a psychological counter-indication.

6. *Psycho-pathological conditions (neurosis and psychosis)* We have written about these phenomena elsewhere and do not intend to repeat the material here. Suffice it is to say that those who have to make decisions about vocation ought to know pretty clearly how to recognize the gross symptomatology of the neuroses and psychoses. They ought also to know clearly that in any case at doubt, according to the present mind of the Church, they ought to call in the *medicus in re psychiatra vere peritus* of the roman documents: that is, a psychiatrist; and that they ought to have the integrity and strength of mind to accept that such personalities must be actively discouraged from attempting the religious life or priesthood. Moreover, even in the case of individuals whose problem arises subsequent to acceptance and who are 'cured' by psychiatric help, one ought to exercise extreme caution, since many of these illnesses are recurrent,

oscillating or cyclical (see next paragraph).

7. *Latent morbid dispositions* This phrase from the roman documents is intended to indicate the fact that a presenting candidate may not, as of now, have any diagnosable psycho-pathological illness; but if it should appear on expert testimony that there are latent problems or factors within the personality, which even predictably in the future *could* light up a psychosis or a neurosis, such a person is not to be accepted. This clause therefore would seem to include the remission phases of the recurrent, oscillating or cyclical illnesses under paragraph (6) above.

Religious superiors should realize that many of the symptoms of psycho-pathology can appear in a religious guise. The religious content of an obsession, a compulsion, an hallucination, a phobia or a paranoid process does not make it any the less an illness. It is the process which is pathological and the person who is ill. The religious 'content' springs only from the fact that it is this particular person, with his or her own personal history, who is ill. The personal history of the sick person determines the content but not the form of the illness. In the hysterias, the disorder can very often take on a religious aspect, duplicate or appear to duplicate in content or process a mystical state or phenomenon, or appear as a functional disorder of the organism, namely, 'conversion symptoms'. The reader can be referred to other more detailed analyses of these phenomena elsewhere.

8. *Behaviour disorders* Here we refer to the personal history of the candidate: kleptomania, homosexuality, sadistic behaviour, goal-less drifting: for example, one case history showed thirteen different attempts at a life-choice in six years, psycho-pathic irresponsibility, hypomanic behaviour etc. These disorders can be discovered only by close analysis of the candidate's biographical details. They are all counter-indications, though some less so than others. Thus it is just possible that the goalless drifter could be, in the providence of God, about to achieve his true goal. But extreme caution is necessary in all these cases, and certainly in some, for example homosexuality, sadism, psychopathic behaviour of any kind and hypomania, the individual must be actively turned away from religious life.

One is often asked what risks we are entitled to take in respect of any or all of the conditions described in the foregoing paragraphs. The answer is very simple: it is that a religious vocation must be seen as something given not for the benefit of the individual whose vocation it is, but for the service of the people of God. The rule there-

fore must be that one must never take risks with regard to the conditions described above. To do so would mean jeopardizing the ministration of the people of God and the witness function. If, however, it should appear that in particular instances there is no such risk (for example, in the case of personal immaturity where the maturation process can still take place, or the infantile deprivation where the deprivations can be compensated for), one would be entitled to proceed. In the case however of the neuroses, psychoses, personality disorders and behaviour disorders, the opinion of this writer is that according to the present mind of the Church, one is never entitled to take a chance.