A PSYCHO-PSYCHICAL-BODY
THERAPY APPROACH TO
RESIDENTIAL TREATMENT OF
CATHOLIC RELIGIOUS

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Return again, return again, return to the home of the soul.
Return to what you are, return to who you are, return to where you are . . . born and reborn again . . . This was our welcoming liturgy, as we moved with an Israeli grapevine step, in a human ring around the altar.

This report describes professional therapeutic work at a unique treatment center for Catholic clergy suffering from job stress and related emotional problems. For the residents, the center was a refuge, a place to slow down, to feel "like themselves" again, and to go through their individual "dark night of the soul." For me, as the contracted psychologist, the center was a therapeutic community in which I was received as a guest, new friend and therapist.

Moved by the expression of their initial trust, I thanked the residents for welcoming me and mentioned that at that very moment, the Pope was meeting in another city with a Jewish delegation. This moment, therefore, was auspicious for us to have our own kind of interfaith dialogue. As a Jewish Buddhist psychologist and movement therapist, I felt I was afforded a rare opportunity to share my experience working in different traditions, and to apply it to our common concerns with psycho-spiritual and physical health. Perhaps all of us, I suggested, are "wounded healers," trying to continue to serve

Identifiable characteristics of the clients and the center have been altered to provide confidentiality.

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while wrestling with our personal issues, such as burn-out, mid-life crises, a history of abuse, addiction or the search for meaning, renewal and community in an often disjointed world.

What was particularly unique about this center was its conceptualization of human wholeness as a psychological, spiritual and physical integration, and its commitment to a "psycho-spiritual" road to recovery. For me, as a movement therapist, and as a psychologist with an interest in an embodied spirituality, this was a unique opportunity to work toward shared therapeutic aims.

This paper, therefore, discusses some of the issues which arose during this residency. These include addiction, abuse, burn-out, sexuality, gender, identity, spirituality, loneliness and depression. Because these are problems of body, psyche and spirit, my approach was to use movement, art and talk as ways of dealing with them. In addition to its clinical usefulness, it is hoped that the illustration of this approach to therapy using body, speech and mind will suggest a way for other interfaith cooperation efforts to deal with problems of burn-out, sexual addictions and abuse, and loss of meaning (Welwood, 1983).

RECLAIMING THE SELF

When I arrived that first day, I came to a large house, set back from the road, and surrounded by grounds and gardens. The center was decorated in original dark wood panelling and deep rose carpets, which conveyed a feeling of dignity, but also of a slight gloom. The residents greeted me courteously, but I had the feeling I had entered a turn-of-the-century sanitarium in the Alps, somewhat removed from ordinary time and activity.

Although I felt calm and receptive, I was somehow uneasy. The building’s interior and the passive movements of the residents reflected a measured cadence, dark boundaries, and contained impulses. I felt twinges of an impulse to run out into the sunshine, to shout and play. I began wondering to what degree my impressions reflected the underlying psychology and spirituality of the community structure, and I wondered whether there was any spontaneity in this environment.

The treatment center was organized as a therapeutic community. After arrival, residents were introduced into the community with a ritual liturgy, and participated in an intensive assessment period. Next, a treatment plan was drawn up which included group, individual and art therapy, bioenergetics, massage and
movement, weekly lectures and discussions on psycho-spiritual topics, daily celebration of the Eucharist, weekly spirituality seminars, and bimonthly days of reflection. The most commonly diagnosed psychiatric problems were anxiety disorders, depression and bipolar disorders, sexual disorders, identity disorders, personality disorders, and substance abuse disorders (Polcino, 1976).

Upon entering the community, many residents spoke of "not knowing themselves or of not being in touch with their feelings." Some of these clergy had entered orders as early as age fourteen. Some had come from families where expression was denied. Some were from large families in which they were not "seen" or "heard." Others described families marked by secrecy, isolation, and lack of touch. Still others described rigidly authoritarian households where parents chose their clothes, friends and even hairstyles. Monastic practices very often replicated dysfunctional family patterns of silence, isolation, and self-denial, or discouraged further personality development.

Designed for another culture in which individualism was not so important, these monastic practices expressly taught self-renunciation as a means for spiritual growth. Residents described practices such as sitting only in straight-backed chairs, never being allowed to be seen idle, using only functional speech or remaining in silence."Special friendships" were typically forbidden, and talk could take place only in certain rooms or doorways. Often, members were sent to a different location with only a few day's notice, with no time to terminate relationships or prepare for new ones. Personal possessions were discouraged. More exotic practices such as flagellation were also described. Behaviors, gestures and speech were ritualized, decreasing spontaneity and vitality. Role models encouraged self-abnegation; for example, a patron saint described her love for Jesus as "exclusive" ("Jesus... You alone can satiate my heart. There's nothing here below that can beguile me. You are my only love;") and "disinterested" ("Never did she love in order to receive") (Jamart, 1961. pp. 78-79). Given this ideal of exclusivity, expression of the authentic self in relationship to others in community would be difficult. Spontaneity and vitality would not be valued.

By contrast, functioning as a corrective emotional experience and new family, this therapeutic community was intended to help residents express themselves and to find functional ways to assert individual needs while staying within the balance of a religious community. Accepting self-discipline as a necessary...
part of spiritual growth, this community proposed to help residents balance their psychological and spiritual needs, as they moved toward a mature and healthy spirituality.

LONELINESS AND INTIMACY: BETWEEN SELF AND COMMUNITY

To my surprise, I found that the residents’ prior highly structured communal life, according to their reports, had not necessarily alleviated loneliness. Quite the opposite was the case. Intimacy had not been encouraged in their communities. Residents reported that talk, when allowed, had often been limited to community work projects, and was rarely about personal problems. Both the women and men said that sex was rarely discussed. Communities were organized along strict hierarchical lines, so that there was always an awareness of power relationships and, consequently, fear of revealing too much about oneself (Meissner, 1965).

Advised to avoid confrontation in their religious communities, residents had often missed learning how to manage the real frictions of intimate life. One resident told me that he was taught to always "turn the other cheek," to practice compassion and charity. He, in fact, felt enormously guilty when disagreeing with others. Although his criticisms had been, nevertheless, apparent in his community, they leaked out in indirect, dysfunctional and hostile ways. He believed that the "right life" was one "lived in pursuit of its highest goals, its perfection" (Simpson, 1946, p. 63). The ideal of the religious community was supposed to be "... bound together, live together, love together in an intensively total Christian manner" (Dubay, 1969, p. 11). Another resident suffered enormous guilt because he did not actually feel as compassionate as he thought he should feel. Given an idealized introject of a saintly caretaker role-model, this resident not only felt that he fell very short, but that he was actually "Satanic" in his imperfection.

Some of the nuns I worked with strove toward an ideal of chastity, of the sacred woman as: "Virgin ... symbol of the beyond, not of this world... concerned primarily with the unlimited, the intangible, the deep other side of reality, how she may please the Lord" (Dubay, pp. 10-11). One of my clients, diagnosed as borderline personality with depressive and paranoid features, related her wounds to those of Dame Julien who had reported: "three gifts of God... three wounds... the wound of my contrition, the wound of kind compassion, and the wound of willful longing toward God" (Dame Julien, p. xii). Dame Julien described her "sickness" or "second wound" as a vision in which the Crucifix seemed to come to life: "I saw
Given these religious models and descriptions, it is a challenging task to differentiate mystical experience from pathology, idealism from unrealistic and perfectionistic expectations of self and others. Some of these men and women suffered an enormous gap between their idealized religious self-image and their actual experience of themselves. The real intimacy of dialogue, disagreement and resolution, with others and with parts of themselves, was unknown. By not admitting to their own despair and guilt, they had not been able to take the first step toward this split. Their task was to learn how to state their opinions, to learn simple communication skills, to work with the fear of facing anger and rejection, and to discover how real intimacy lies not in merging or complying with another, but in a lively exchange at the boundary of contact between persons.

Many residents of the center had felt alienated in their prior communities because they could not find an acceptable way to voice disagreement and thereby find a balance between merging and separating. As a result many needed to take time away from their community, or actually leave permanently, in order to make their own home. In a study of one hundred men who had left the novitiate, Sneck (1986) found ten reasons for leaving community life: 1) "Sisyphus factor" or straining too hard to stay; 2) staying was primarily to please parents or to conform to a strict Catholic upbringing; 3) forced dismissal; 4) "religious unconversion" and entry into another religious or spiritual group; 5) entered too young; 6) cultural instability, unable to make commitments in this period of history; 7) mature discernment; 8) criticizing the community for lack of living up to standards of poverty and piety; 9) marriage, and 10) diocesan priesthood or independent living (Sneck, p. 27). Concluding that leaving the community was not necessarily a problem, however, Sneck suggested: "Shifting our perspective from 'why they leave or stay' to 'how they live and grow' reveals the action of God's grace and provides motives for hope" (p, 27).

I learned from the residents that living alone in modern America without the support of extended family, supportive network, or meaningful work, can be terribly lonely. Finding a balance between conformity in community and isolation alone can be extremely difficult. Some residents who left their orders learned from living life alone, while others went on to re-establish new support networks outside. Still others discovered
that they could take new communication skills and re-create a place for themselves in their original communities. Some however, went back to their communities with high hopes of integrating their new skills and new-found freedoms into community life. They were ready to face the difficult tasks of re-assimilation, but were disappointed. One nun, who arrived overweight, depressed, and unable to stop working, lost thirty-five pounds, learned to eat nourishingly, and to exercise. She discovered that she had a lively sense of humor and a gift for play (Woodman, 1980). She then tried to return to a silent, cloistered monastery, hoping to bring a healthy lifestyle of exercise and nutrition with her. Even though we worked with her Mother Superior, and members of her community, to support all of them using a family therapy model, re-integration proved extremely difficult.

THE WOUNDED IDEALIST

The religious changes in the church at Vatican II paralleled some of the cultural changes in secular society during the decades since the 1960's (Flannery, 1975). Before Vatican II, clergy were sheltered in a strict code of dress, ritual, and public idealization of their authority. After Vatican II they conducted services in English, wore street clothes, and interacted with parishioners as ordinary people. One of my clients described his fear at having to turn and face people during the Mass, and not being able to hide in a robe and a role. He literally did not know how to "be" without these cues, and suffered enormous confusion and anxiety. This syndrome of confusion regarding aspects of role, gender and identity, after Vatican II, was echoed by many clergy. In a study done of pre- and post-Vatican II-generation alcoholic priests, Peterson and Jean (1986) found that the post Vatican II generation showed significantly higher addiction problems, an earlier age of first intoxication, and significantly higher MMPI scales on 1) hysteria (conversion symptoms were expressed in bodily symptoms, especially under stress), 2) psychopathic deviance, and 3) masculinity-femininity (Peterson & Jean, 1986). These findings recall some of the social instability after WWII, where many young people who could not find a place for their ideals often turned to drugs or alcohol. Even the Church, however, did not offer refuge from these changes; it too was undergoing change, especially in relation to power and authority structures, gender roles, and the new outspokenness of women. In an historic 1985 document, Joseph Cardinal Ratzinger, Prefect of the Sacred Congregation for the Doctrine of the Faith and one of the most central figures in the Vatican, explicitly called
this upheaval a ".... crisis of faith and of the Church," a "... crisis of trust in the dogma," a "crisis of confidence in Scripture." and a "crisis of the morality" (Tripole, 1986, pp. 801-02).

Given the convergence of these problems, imagine the difficulties of a returning missionary in 1980. Committed by vows to a life of idealism and poverty, and accustomed to an unquestioned authority ascribed by a village culture, this person returned to America in the 1980's. Imagine this person having to confront enormous changes in the church and community living. He or she also had to face the possibility of living alone and finding work outside the church, trying to find meaning and community in a world where old structures no longer existed (Meenan, 1987).

The basic task for such a person upon return, therefore, would be to clarify his or her values, to sort out the narcissistic from the genuine need for altruism, to develop a firm sense of his new reality, and to work with his own issues, be they cynicism, disillusionment, and! or hope. Out of this kind of sorting process, which went on daily at the treatment center, there often emerges a rebuilt vision of a moral and realistic program of action.

The sorting out of moral, physical, sexual, psychological and spiritual issues is exemplified by one client who had just returned from missionary work in a foreign country where he had many administrative responsibilities and little emotional intimacy or support to sustain himself. Reporting on his own perfectionism and his inability to refuse work, he also was outraged by the reality of human behavior around him. His presenting symptoms were depression, severe migraine headaches, and gastroenteritis. Exploring the meaning of the gastroenteritis in a movement session, he focused on his bodily feelings and reported:

The word "trapped" describes the feeling. It feels like the feeling I would have [in the company of] my supervisor, and heavy responsibilities coming at me and my not being ready. . .It feels like being "clawed at," which reminds me of the feeling I have when I can't stand up to him or say "no." "Twisted" describes the way I feel down into my appendix, the conflict between my values and his. He treated someone badly in public; I'm not like that. I gave in to him, gave up what I believe in. "Sadness and loss" are the feelings I have, and describe how I feel in losing my values. I was idealistic, had definite ideas of how people should be treated; I'm not ready for the (actual] cold reality. A new spasm on the other side feels like "I don't give a shit anymore;" I'm lost and confused. I
This missionary had difficulty finding work consonant with his values upon return to the United States. He at first wanted to live in a border town and teach immigrants, being content to live very simply. He had, however, never lived on his salary or bought his own car and he had to struggle in order to learn how to present himself in an employment or housing situation. Wanting to serve, he learned that he had to deal with his unrealistic perfectionism and workaholism in order to find genuine and realistic service opportunities.

Another resident came to terms with his idealism when he fell in love with a woman resident.

I think for the most part I was dealing in my head and on that level very much recognizing truth, but the fear was keeping me from moving with that in a freer way. I think for awhile it was just the ideals of Christianity and being free that appealed to me, but then I was in a structure which has nothing to do with the ideals and was totally unable to cope with the structure. I was hoping the structure would free me, but it didn't, and it only separated me more, like the ideal from the real. So there was a real sense of feeling trapped and locked in. There was no way that I could go within the structure and I was too chicken to let go of it and that's when I started to withdraw. I started to live the fantasy, usually sexual fantasy. Then I developed lumps on my arm and the rest of my body and I perceived it as probably cancer. It was a giving up, of feeling abandoned, of just waiting to die.

I was also locked into my own notion that I couldn't do what I was preaching. I had a sense of connection between the mind and the spirit and the body, but couldn't do it. Spent four years vegetating and becoming more withdrawn, more and more in my head. Even when people would give me a hug, I would never hug back. One day it dawned on me I was killing myself and on the other hand I knew I really wasn't going to die. I had a sense I would have to start moving.

I saw the invitation to come here. I had a sense of what I needed. I didn't have any self-esteem, God wasn't there, and the church was falling. I had no connection, only isolation. My wounds were very deep and I needed this type of community to begin to heal those wounds inside.

I was able to open up more. I was attracted to N [another center resident], and love her and kid her for a long time before it became mutual. I didn't even expect it to become mutual. I was able to relax with her and I was also talking, sharing, processing all the things that were going on. I have a real sense that a healing took
place then. I let something that was deep inside me come out. It wasn't anything that she did or I did, but a sense of being very open and comfortable and not frightened.

Now I experience all of that as separate from N. I don't experience any dependence on N or concern about where the relationship goes. For me, it's very much a change that has happened. I think the massage and therapy were getting me to physically relax and talk, and falling in love just brought all that together in a very human experience.

This experience, he observed later, taught him to love both God and other human beings more realistically.

**BODY, CELIBACY, AND SPIRIT**

Just as it was difficult to differentiate religious states of mysticism, idealism and community from pathology, so too it was difficult to differentiate celibacy in service of spiritual practice from distortions of sexuality, such as sexual abuse, and body image problems. There seemed to be an intricate relationship between these. For example, an early history of difficulties with sexuality might predispose a religious person toward the celibate life, signalling avoidance, as opposed to an expression of celibacy which might be a healthy resolution of the religious conflict between bodily and spiritual needs.

Attitudes toward celibacy vary widely. While it made sense in one particular historical context, being celibate in post-Vatican II in America poses a whole new set of challenges and problems. In 1982, a group of seminary rectors stated: "We realize that many of the older supports for maintaining celibacy ... have either faded or are being challenged.... Some of the contemporary justifications for celibacy, whether hoarded from the past or newly minted, are not authentic for many in formation ... " (Neuman, 1986, p, 38). Additionally, many clergy are thrown into precisely the kind of situations which trigger their particular issues; for example, a secretly homosexual priest counsels and is often alone with teenage boys, has no one to talk to, and his anguish may be intensified. Also, many clergy came from homes in which sexuality was considered shameful or secretive (Kelsey, 1961,p, 119), so that shame and silence in the church replicate dysfunctional family patterns. Given the confusion of personal and spiritual aspects of celibacy, therefore, counseling which helps clergy sort out unfinished personal histories and reclaim a healthy spirituality is essential. Taking Neuman's contention that: "... a clearly articulated spirituality of celibate ministry must be developed, celibacy's contemporary context
and soon" (Neuman, p. 38), an articulated spirituality of celibacy could be understood to contain 1)a healthy relationship to the contrasexual (the anima in the man and the animus in the woman), and 2) an understanding that sexual relatedness does not require the acting-out of impulses (Dourley, 1987, p. 28).

The following vignette illustrates a case in which problems in personal history led to a confusion between personal and spiritual sexuality, and shows how unravelling the personal history can help clarify a healthy spiritual sexuality. One of my clients entered the convent at age 37, after she had dated and discovered repetitive patterns of masochistic relationships with men. Unable to find a mate, and therefore to have her own children, she resolved her dilemma by choosing God as the "stable man in her life, and being a teacher of small children. Was this choice a creative adaptation to a wise assessment of her own strengths and weaknesses, or was it a neurotic avoidance? Who judges and how? In this case, she entered the treatment center because, with persistent and debilitating depresions, with confrontations with "darkness" and the appearance of witch-like imagery, God disappeared from her life (Ulanov & Ulanov, 1987). In the midst of her "darkness," he used to be the hope of "light." One of her presenting problems was that she "could no longer pray," and had lost her faith and hope. Her treatment plan involved helping her to explore the shadow side of herself and religion, and to rediscover God and faith in the small moments of life. She also dealt with her attitudes toward men in general, and in particular toward her father who had abandoned her. In the body-image questionnaire I developed for the women's group, she answered the question: "How do you now feel about your body?" with "terrible." Subsequently, she had a chance to explore her feelings about her body, her specific body parts, and her issues around femininity and masculinity. In this way, she was beginning to understand how her personal problems had blocked a full expression of her spiritual celibate life.

SPIRITUALITY AND THE MIDLIFE CRISIS

We have already noted how crises of faith and meaning developed for these religious after the 1960's and post-Vatican II. Such crises are compounded when they are combined with an individual's midlife crisis. Idealistic clergy, who have found meaning in their hard work and self-sacrifice, may suddenly become disillusioned or cynical about what they see in retrospect as wasted years. Burn-out is common, as the repetition of hard work becomes a "workaholic" addiction.
Sufferers are unable to pause, to step off the treadmill, or to re-evaluate priorities.

According to Studzinski (1985), a "large number of people coming for spiritual direction are in that particular transition period" (p. x). Suddenly confronted with their own finitude and death, they may become disenchanted and wish to turn in another direction. An extended retreat, with permission to honestly reexamine priorities, can be invaluable to such people.

**DISCOVERY AND INTEGRATION**

The following is a case history of a nun who exhibited symptoms involving difficulties with sexuality, body image, sexual abuse, and personal identity during her own midlife crisis. To sort out her genuine religious feelings from early habitual family patterns, she had to relate the dysfunctional aspects of her present community's silence and celibacy to her early family history of sexual abuse and silence, shame and fear. In the women's group, she wrote:

The two things I knew when I came was that I had been sexually abused and that I was totally hollow, didn't have any sense of myself at all. I had no sense of whether I was male or female at all. I had not lived with males since I was fourteen, and my only experience there were my two brothers, uncle and my grandfather. None of these were good experiences. I did have a boyfriend when I was in the 4th grade, but my brothers and sisters always came along. That was my only experience of a male outside of my family. In grade school we were separated. We worked during our lunch hour to earn money, we practiced before school, and four or five of us were living in a convent, we did not associate with the other girls. Girls would try on lipstick and things like that when I was an eighth grader... but that was the extent of it and my mother never did talk to me either. When I did start my period I came out of the bathroom screaming and she said this is what you do, and that was the end of it. As school children we were very protected. We played separate in separate grades so there was very little contact. That is why I was very hungry for a women's group. I thought I would somehow get some kind of images or get in touch with something besides emptiness.

The first two women's group sessions were so powerful. I came here with hardly any clothes as you beard, had extremely short hair, and so I just gradually started picking out clothes that I loved... somehow I don't want to be radiant and that is really strange. I don't want too much of a contrast in appearance with my supervisor. I want to check out things with different people because I have different questions about what to do with certain kinds of blouses and sweaters... I realize as time goes on and as they talk...
in women's group that I'm in ignorance with a lot of things. I decided to let my hair grow. I got earrings and shoes and just all kinds of things. I had the impact of these changes in women's group because I wasn't caught up in the abuse thing. It's been "chucking" at me, but I kept pushing it down without knowing what I was pushing down. I knew I was trying to get something under control.

Those were the things that started "chucking" up. As a child, for two or three years I would spend summers in the afternoon up in a great big dark church. I was warned, "Don't let grandpa get near you," but my parents never double checked what happened. They just told me not to let him touch me because it wasn't good. But he did.

It was my battle. I would have to feed him. He wasn't interested in eating, he was just interested in fondling me. I would go downstairs to the dinner table and just blank that experience out. There was no reference to it, my mother never asked me, and I sort of excused her-no, I never excused her but I guess I could understand because she ran away from home when she was 14. It was a big mystery, but one of the newest things I got in touch with was that my mother knew he had syphilis in his dying days. That is when I was feeding him and he was bedridden. Once my grandmother died I didn't have her as protector and my mother told me he had syphilis and she went nuts and told me that it was a very terrible disease and it had to do with sex and that it was dangerous when he went to the bathroom. She wanted to scrub the bathroom everytime he used it. When she wasn't there, it was my job.

J. [another resident] triggered the abuse feelings here. It's not his fault, it's probably the best thing that could happen to me. I feel dirty when he's around. If he would just act normal I wouldn't have to pay any attention to my dirty feelings and the fear of what's cropping up, the anger and hate. This is the first time that I have been able to feel my mistrust of not feeling safe, of not wanting to be near people.

The first two meetings of the women's group were also powerful for me because they gave me concrete pictures of the ignorance and the negative messages. Like how my father would give me the hand-me-down clothes, and I wore my grandmother's coat... it was terrible and really long and grey. I never had a coat of my own anyway. I could see exactly where I stood, I can feel exactly how I felt and there was absolutely no communication... I was totally silent... Getting my parents to talk to me was like talking to a tribunal. My father was really nasty... there was never any touch. I never had a say, but I did have a say inside. I think that one of the things part of my therapy has helped me to realize is that there is a lot inside of me.

So, the women's group just kind of proved that there was a time when I could not find that I was beautiful, but I found it on the
inside. I went over those two sessions for quite awhile because I did not want to have the sense of interior beauty only. If it's interior and there's not a way of communicating it, there's not an avenue for it to come out or be visible to others, that's what I call solitude.

Using art materials, she was able to paint a story of her progressive move from darkness to light or "enlightenment";

In reflecting over my process in participating in Women's Group the image that kept occurring to me was that of enlightenment-actually of turning on a light in a very large area of my life that has indeed been in the dark and that has been dark for me.

Bringing a lamp to the closing session was my first thought, but I couldn't come up with a way of expressing all that showed up in the light. Subsequently, the mood painting came to me as a good medium.

So, I approached making this painting in my usual manner. Having a blank canvas, I sat quietly centering in on whatever might come to my awareness about the group's activities and their effect on me. As things surfaced I jotted them on the back of the canvas. The following is what emerged:

ENLIGHTENMENT-the group gave me space and a prodding to explore that 1st: there was darkness; 2nd: there was a lot in the darkness; 3rd: the process was one of movement.

I found false images-heavy weights and burdens from my childhood-of being ugly, clumsy, fat-of being made fun of by peers ... by my father ...

I found images of beauty-the glow of Solemn Vows, of directing choral groups, of playing the organ. I touched the sadness and realness of experiencing much ALONE ...

I found REAL IMAGES-in the photos of my childhood-sad; and in the life-size collage I experienced a discovery, exploring and blossoming of my own femininity. This gave me joy and grounding and whetted my desire to grow and expand.

I began to feel the male-female conflict and knew fear, inferiority es I experienced the power and aggressiveness of some of the men.

As I walked into my terror of men, I painfully felt my sense of being feminine fade away and elude me. While in my concrete reality I with men and women again, regressed to being neuter.

I caught glimpses of existing-fear between the sexes and the subsequent defenses and power plays.

Toward the end, my abuse issues were surfacing with a depth of
pain and woundedness that seemed too much and finally found their roots in my father.

As I glanced over my list I realized that a lot had been unearthed in a short time and that as the group was coming to an end I was just beginning; that as I was experiencing only pain and grief, my experiences from the group gave me no clear picture but appeared and felt like total chaos. With this realization I put my last words on the canvas: I AM; i.e., my sexuality is all of the above and that it/I am in a state of chaos relative to it.

That is OK. So I made the painting which spoke for itself.

The progressive re-integration of R’s body and spirituality was furthered by the movement group. In a "movement choir" which I taught the group, she experienced a bodily coming together of forgiveness and love (lung, 1956). She wrote:

As we began the prayer-centering movement, I was quieted by the spirit of this movement. Very clear images emerged. As my body and arms stretched upward, I was aware of warmth, a caressing energy stretching toward me. As I reached downward, I felt immersed, scooping up earthiness and taking both energies to myself. I was most aware of the power of the energy, one that involved me as we were moving as a group. When we closed our eyes and began working alone, I gradually became more caught up in the energy of the movements and its meaning for me. Gradually I was no longer doing the movements, but the energy and life coming through the movements began directing me and through it I felt very enlivened.

As I reached up in the final movements when moving alone, my arms spread round and wide because the energy I met was so immense and positive. As I held my arms up, I felt that I was embraced widely and warmly by life's source, the spirit-God. Without breaking the constant flow, I would begin reaching downward with the same wide round arm gestures. I had an eagerness to scoop up and embrace all the humanness, earthiness, limitedness of my life and gather it to myself in the round gesture, then bringing it to myself, continued immediately into the outward stretch toward others, with arms round and wide, rich with the energy of my life's source and of my humanness. The open-hand-reaching continued without pause, gathering feelings to myself, I was wide open to receive from the being of the other through their eyes and gestures. The movements never stopped; it was full and calm and each time the experience became larger-reaching toward and being embraced by the life source increased the energy to offer to another. The emptying made room to receive much more. So enriched, the ritual became a more encompassing cycle. At the end there were no longer separate movements and energies, but a marvelous sense of wholeness, As we re-emerged to move as a group with E [a staff member] in the center, I felt rich, whole,
vitalized. As we continued the movements and came closer to E, it was easy to let my experience and inner being focus on E as the moment's other. In the time E (whose mother had just died) went around the circle, I became aware that I had lost my mother and had never ritualized or in my heart grieved her death. So in the moments during this intimate part of the movement I let my memories and sorrow come and I felt a meeting of spirit with E. His pain and grieving gave me an invitation and a way to do the same for my mom. So I received very much from him and I felt rich in a shared experience. When I reached out to him I had much to give. And in some way I received the opportunity, and the help, to lay my mom to rest in a way I hadn't yet done. After this experience, I realized how much more deeply I entered into the giving and receiving of life and support in this slow, non-verbal, reflective way, more than I was capable of earlier. The movement was a very powerful experience.

CONCLUSION

This residential treatment center presented a unique opportunity to work with the interface of bodily, psychological, and spiritual problems among women and men religious. Being outside their previous community structure facilitated our dialogue; that is, between our traditions, among ourselves, and within ourselves, Dialogue helped us sort out genuine altruism and compassion from psychopathology and rigidified religious practices. It helped us recover the original inner spark to do good. Given that the problems of identity, burn-out, abuse, and sexuality were expressed as complexes of psycho-religious-body issues, we were able to use modalities which cut across traditions and which used psycho-religious-body methods to heal these symptomatic splits.

Given today's decreasing enrollment in traditional religious seminaries and the pressing need for paths of service and compassion, the therapeutic work done at this treatment center has many positive implications. Therapeutic guidance from professionals who are particularly sensitive to such complex developmental psychological and religious conditions, as described here, can be very productive. It is a way for those whose lives are committed to service to find themselves, recover their capacities, and face the challenges of living in our time.

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