



Clergy and Sexual Boundaries: Addiction and Sexual Orientation Issues

While listening to the news a few years ago during the outbreak of the exposé of sexual abuse scandals in the Boston Archdiocese of the Roman Catholic Church, I happened to look

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up at the television screen as an accused priest was brought into a courtroom in shackles. My interest was piqued when I recognized that the priest was from my hometown parish when I was in high school. It was then that I decided to speak out on how the suppression of sexual orientation contributes to sexual addiction and inappropriate sexual acting-out among clergy.

First of all, I want to be clear that not all homosexual clergy have inappropriate boundaries, and not all homosexuals are addicts. However, there are some systemic issues that contribute to inappropriate behavior in gay clergy, which will be outlined in this article along with clinical suggestions for treatment.

I want to emphasize further that this is not only a problem for the Roman Catholic Church. It is apparent across all denominational lines, especially in those that have an emphasis on celibacy and prohibitions on homosexual identification or actions.

Over the years, I have worked with many clients who chose to go into the ministry as a way to cope with their sexual orientation issues. (“If I go into the ministry, perhaps God will forgive me for these thoughts and keep me clean.”) In churches that allow heterosexual clergy to be married, some clergy have forced themselves to get married, thinking that will “save them”

from their homosexual thoughts and tendencies. Both lines of thinking have resulted in disastrous addictive behavior, including inappropriate sexual acts.

One way to describe what happens is to think of a game of “keep away” at the beach with a blown-up beach ball. If you try to suppress the ball under the water to keep it away from the opposing team, eventually the pressure under water will cause the ball to slip away from the controller and pop off in a direction the person didn’t intend.

Churches that prohibit homosexuality and require celibacy have the same effect on homosexual clergy. The more they try to suppress their sexuality, the less control they have over it, and it ends up being expressed in inappropriate ways (i.e., acting out with parishioners and seminarians, and sometimes, tragically, with adolescents or children).

More than one Roman Catholic has told me how he thought he would be safe when he made the commitment to celibacy and then found himself accosted sexually by faculty in the seminary. Clergy of all faiths report “falling in love” with parishioners who show them understanding and compassion in a profession that is often stressful with little or no helpful supervision. Most clergy, after all, are “lone rangers” as pastors of a church. As wounded healers, they become vulnerable in a profession that has not had sexual boundary training until recently.

Keep in mind that only a generation ago, it was not unusual in many denominations for a bachelor pastor to be “hooked

up” with available singles in his parish with hopes by the congregation that a marriage would result. In the counseling profession, we would never think of dating a client. Not long ago, congregations would see their pastor marrying the church organist, secretary, or Sunday school superintendent as a plus for their parish. Seminaries did not teach anything about sexual boundaries. My own judicatory just had its first required boundaries workshop for all clergy just two years ago!

Now consider that clergy meet with parishioners when they are most vulnerable, and usually in the parishioner’s home (i.e., illness, death, baptisms, births, marital crisis). The pastor’s nurturing and care can be misunderstood as a romantic advance, and without proper training and boundaries the pastor can quickly be in ruinous trouble. Add to these common situations an addictive personality, and we have a sex addict’s paradise.

Barriers to treatment

Coming back to addiction and sexual orientation: Nothing drives addiction like shame. Many gay clergy feel a lot of shame about being gay. They have to hide their lifestyle, which results — like that beach ball — in coming out in inappropriate ways: going to cruising areas, parks, restrooms, adult bookstores or baths.

Some end up acting out with parishioners (“He came on to me”; “I was showing them ‘love’”, etc.). In the case of those

who were abused as youths or seminarians themselves, they are repeating the cycle of what happened to them (“If it was OK for me, it must be OK for others”).

As with any addict, there are multiple reasons why clergy resist treatment for sexual misconduct. The usual addictive defenses apply: denial, entitlement, minimization and rationalization. However, clergy have additional reasons for often resisting treatment. They are used to being in control. Clergy are like CEOs of their organization, and congregations often put them on a pedestal. After all, they are God’s representatives. How can they do harm? They are vulnerable to career loss. With today’s mandated reporting laws by both governmental agencies and denominations, clergy stand a good chance of losing their career if they seek treatment.

Similar to the control issue is manipulation of rules. Clergy are often the ones to do all the interpreting in their local church of both the church’s by-laws and any denominational rules. They are accustomed to making/bending/breaking the rules and have justifiable reasons (in their minds) why it’s OK to do so. Congregations seldom challenge their authority. This often leads to issues of grandiosity, and contributes to narcissistic tendencies.

In the case of clergy’s “victims,” there are common distortions that prevent them from reporting or seeking help. The first is denial (“It couldn’t have happened. The good pastor

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wouldn't have done something like that if it were wrong"). There is often a fear of disenfranchisement ("No one will believe me. Everyone loves Pastor. People will find out I'm gay!"). The victim's own lack of boundaries also contributes to underreporting or not seeking help for treatment.

Another common distortion is being protective ("Everyone loves Pastor. He baptized my entire family, married my parents, buried our grandparents. I don't want to be responsible for him leaving. Everyone will hate me"). The last is common for all abuse victims: feeling responsible for bringing on the behavior ("I must have asked for it or I did like it, so I won't tell anyone about it").

Innovative approach

In so many cases, because no one has taught appropriate boundaries to this population, our task as clinicians is to confront the clergyperson's denial that these "loving acts" are harmful and are indeed violations. My good friend and colleague John Sealy, M.D., medical director of the Sexual Dependency Unit at Del Amo Hospital in Torrance, Calif., has outlined a helpful treatment approach for this population, which he calls going to the BEACH.

B is for Boundaries. Abused people lose their own sense of boundaries. Addicts lose sight of others' boundaries. An abused

addict loses sight of all boundaries. We need to help the client understand vulnerability: their own and others'.

This leads to E, which stands for Empathy. These offenders of personal boundaries are often narcissistic individuals who do not take their victims' needs into account. Our role is to assist them in understanding how their behavior is destructive and not helpful to the folks with whom they act out.

In the case of ephibophiles, who act out with teenagers (often replicating what happened to them), I ask them to sit and watch youths at play. Do these youths seem ready to make life decisions about sex and relationships? The gay youth who gets close to the pastor because the pastor seems caring is not seeking sex, but understanding and affirmation. That can be done without being sexual. That may seem elementary to us, but many of my clients need to have that spelled out. Their response is, "The person was being seductive," or, "They wanted it, too."

A stands for Accountability and Attitude. These clients have impaired thinking, especially when it comes to taking responsibility ("The other person wanted it; seduced me into it"). It is our task to turn these clients around. Once they understand appropriate boundaries, they learn that they, as the professional (and adult), are responsible for knowing where the limits are in affectional behavior.



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Many congregations expect hugs from their pastor at the door. Some even kiss. When do the hug and kiss change from “God loves you” to “I want to be sexual with you”? Clergy from rural areas will argue that there aren’t enough social outlets, so of course it’s OK to date/have sex with a parishioner. In fact, in the case of gay parishioners, they may entice the pastor by saying, “C’mon,

Rev., you and I belong to the same ‘club.’ It’s OK. No one needs to know.”

C is for Community. We all know that isolation is a problem for addicts. Clergy can be very isolated in their parishes. They give and give, with no one to give to them. Obviously, 12-Step groups are a strong antidote for isolation and provide a supportive community. In the case of gay clergy, some type of con-

nection in the gay community is essential. In addition to gay 12-Step groups, there are all kinds of recreational, social and sporting groups.

H stands for Honesty and Healthy sexuality. We need to encourage these clergy to get honest about their feelings and behavior. For those gay clergy who come from repressive denominations, they may have to leave in order to have a healthy life. The key in any sexual recovery program is not about abstinence (although abstinence may be necessary for a period of early recovery as a detoxification). The key is to promote healthy sexuality.

If a person struggles with his/her sexual orientation, and it is inconsistent with the teachings of that person’s church, the person has some difficult decisions to make. As clinicians, we need to assist the person in looking at options in a non-judgmental way. ■

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