

ASSISTANCE FOR CONFESSORS



In cooperation with the USCCB, the Saint John Vianney Center has developed these guidelines as a resource for confessors. Our hope is that these guidelines will help you offer sound pastoral care during the sacrament of reconciliation. Healthcare doesn't always offer appropriate alternatives for people struggling with behavioral health issues, and they often find a welcoming home in our churches. At times, the issues they bring need additional care along with the healing and reconciling love of God. We hope you find this helpful.

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MENTAL HEALTH ISSUES ENCOUNTERED DURING THE SACRAMENT OF RECONCILIATION: SUGGESTIONS FOR CONFESSORS

As a confessor, you may experience confusion when ministering the Sacrament of Reconciliation to penitents who present psychological or addictive difficulties. Practical suggestions are offered to aid priests to serve more effectively as confessor while recognizing their own limitations regarding penitent's emotional problems. The aims of this document include:

- Identify warning signs of addictive and psychological problems.
- How to make appropriate referrals to mental health professionals.
- Increase the confessor's knowledge of mental health issues.

WARNING SIGNS

Opening of Confession

- The penitent may begin a confession with confusion or an uncertain purpose. For example, the penitent may say, "I don't know, Father, if this is a confession. I just want to talk about my problems."
- The penitent may remain silent for an extended period or cry, rather than talk.

While such openings are not evidence for mental illness, they suggest something is amiss. The person may be in distress or suffering psychologically, occupationally, socially or spiritually. In these circumstances, the confessor must be especially alert to the content of confession.

Attitude of the Penitent

- Some penitents may discuss the struggles of others (e.g., family, friends) in their life, rather than sharing their wrongdoings as would be expected in confession. Be alert to the possibility of social or familial discord.
- Some penitents may feel guilty for several interrelated issues such as substances, pornography, masturbation, anger outbursts, arguments or interpersonal conflicts, which could be suggestive of mental health or addictive symptoms.

- Some penitents may reveal guilt because they find their lives chaotic. Confessors must attend to possible depression or other mental illness that might cause this chronic dysfunction. For example, depressed individuals typically experience negative, punitive views about their lives. Thus, they may perceive the typical ups and downs of life as a punishment. Therefore, paying close attention to the penitent's perceptions can give a clue about the possibility of a psychological problem.
- Some penitents might unusually confess the same guilt inducing thoughts repeatedly over a short period of time. While acknowledging the penitent's concerns, be aware that individuals who are overly scrupulous and ritualistic may be experiencing an anxiety disorder.
- Some penitents might come for confession with irrational and magical thoughts (i.e., thoughts that establish causal relationships between actions and events without basis in reality) that are rapid and incomprehensible, which might be indicative of psychotic symptoms that need to be evaluated by a psychiatrist.

Frequency, intensity and complexity of the warning signs

- The frequency and intensity of a penitent's problem can become apparent by the timing of the person's confessions. Inordinate amounts of time spent in confession may suggest elevated impact of these problems in the person's life.
- Many penitents mention the number of times they drank alcohol or viewed pornography since their last confession. Be attentive to the frequency of these behaviors since this would suggest the severity level.
- Penitents may reveal several interrelated warning signs such as feeling guilty about alcohol use, pornography, masturbation, anger outburst and arguments with family members. Be attentive to the possible co-occurrence of these issues. Intuitively, the interrelated warning signs provide a reasonable clue of the complexity of the penitent's problem.
- Anxious, depressed penitents may cry while mentioning their problems, suggesting a negative impact on their lives. Confessors should attend to the consequence of the problems revealed on the penitent's mental status and functions.
- Finally, a combination of a high frequency, intensity, complexity and the consequence of the warning signs might be the best clue and reason for making a moral referral for the penitent to a mental health professional.
- In order to discern the need for a professional referral, the presence of the above warning signs is insufficient, unless the symptoms are obviously severe. Consequently, it is challenging for the confessor to make quick, careful judgments about the severity of these warning signs. In order to do so, the confessor must pay attention to the frequency, magnitude and complexity of these warning signs.

Personality Disorders

- Confessors may be especially mindful of penitent's who display signs of a personality disorder - a person who perceives, thinks, feels, and acts in an ongoing, consistently toxic, dysfunctional manner. Personalities are usually stable over time, which makes difficult personalities a challenge for those interacting with them.

- People with a personality disorder typically create interpersonal drama as a consequence of their inability to appreciate the role their own behavior plays in creating their difficulties. They tend to either shut down or become highly escalated when under strong emotion.

Warning Signs of Personality Disorders

- Penitent may not take responsibility for the role he contributes to the problems of his life. Likely to offer excuses to justify his behavior
- Penitent is driven by selfish needs along with an inability to emotionally connect with others
- Penitent seems unable to independently solve problems
- Penitent sees outside forces as controlling his life
- Penitent consistently creates interpersonal drama by upsetting others
- Penitent interprets events in his life differently than others
- Penitent has difficulties with impulse control.

STRATEGIES FOR REFERRING TO MENTAL HEALTH PROFESSIONALS

Acknowledging the penitent's positive disposition (i.e., repenting their sins):

- Confessors may acknowledge the penitent's decision to confess and to validate his/her guilty feelings. This recognition effectively creates a good confessional atmosphere, which further helps the penitent feel understood, accepted and recognized. This good rapport also allows a confessor to address the issue gently and make a smooth transition. For example, following the confession, the priest may say, "You are mindful or thoughtful about what you did in the past that made you feel guilty, and you are also responsive to your own conscience and God's invitation to the Sacrament of reconciliation."

Empathically rephrasing the penitent's mental illness or struggles:

- If there are reasonable warning signs of mental illness, the confessor might need to gently rephrase the penitent's presenting problem. For example, if the penitent mentions about a frequent use of alcohol, internet pornography, anger outbursts and conflicts, the confessor might rephrase it briefly, "You are honest and repent for your drinking, surfing internet pornography, feeling angry and having conflict. By your acknowledgement, the Holy Spirit is at work in you calling you to a new way of living."

Gently referring to mental health professionals:

- Validate and empathize the penitent's potential distress, frustration or helplessness. For example, "From what you shared, you appear to have a difficult life. It must be hard and frustrating for you."
- Ask the penitent about the possible need for help. For example, "Have you ever thought of seeking help? Seeing a psychologist, psychiatrist or social worker, for example?"

- Offer the penitents some options or give a brochure if available.

SELF-EDUCATION/TRAINING

Better understanding of addiction and mental illness:

- Confessors have robust knowledge of morality and spirituality to discern a penitent's feelings. Additionally, Catholic priests must possess sufficient understanding of addiction and mental illness in order to make reasonable referrals to mental health professionals when necessary.
- Priests should consider further education in mental health issues.
- Self-study such as reading literature regarding addictions and mental illness should provide deeper insight.

Importance of interpersonal skills:

- Many priests feel comfortable when compassionately discussing sin and forgiveness with penitents; however, formulating and communicating empathically about mental health issues may be more challenging.
- It will likely be beneficial for many priests to learn how to communicate with penitents about possible addiction and mental illness. These skills can be obtained through trainings that incorporate role-play, observation and video, etc.
- As expected, the effectiveness of a priest's ministry in this regard will be commensurately related to his level of training and communication abilities.

Clear understanding of the professional boundary existing in the confessional:

- Distinctive knowledge of what sin is, what mental illness is, and how each operates within and both affect the human psyche.
- Clear understanding of what he, as a confessor, morally can or effectively cannot do with respect to the penitent's presenting issues.
- Referring a penitent who reveals struggles with addiction or mental illness to appropriate mental health professionals.

For more information, please call 1.888.993.8885.