Clinicians at Saint Luke Institute often hear our clients speak of their problematic drinking, gambling, eating or sexual acting out as being triggered or fueled by some major loss which was not sufficiently acknowledged, processed and expressed. Such inchoate, or incomplete, grief can easily become the catalyst for addictive behaviors.

It may be the death of a parent, other family member, close community member or illness/disability which triggers an urge to self-soothe as part of a self-defeating cycle. The loss may even be of a much earlier nature, in association with family of origin issues, childhood trauma, bullying experiences and the like. Whatever the content of

In many instances, the incomplete nature of the grieving is fairly obvious; for instance, when a priest realizes he got stuck in role during a family funeral and was unable to feel his own feelings. Other times, the issue is harder to clearly discern. Since it is counter-intuitive to intentionally experience the pain of loss many people simply avoid or deny their grief with the hope that it will just go away.

It is not uncommon to hear a client say, “I’ve already dealt with that,” only later to have them realize it was dealt with in a surface manner, or perhaps not at all — this phrase can sometimes even be a euphemistic way of saying, “I’m still trying to ignore those painful feelings.”

**Grieving Adequately**

To grieve adequately, one must first
- consciously recognize that a loss has occurred
- acknowledge the depth and importance of that loss, and
- allow and accept the full range of feelings attending the loss.

This latter stage is often the most troublesome because many people are understandably uncomfortable with powerful and vulnerable feelings. The problem is that such powerful feelings will find an outlet one way or another if not intentionally processed through and expressed to others.

Unfortunately, because there are many “quick fixes” (such as food, sex, drugs, alcohol, gambling) at the ready, these self-medicating mechanisms can become reinforced and hardened into addictive behaviors.

Allowing, accepting and expressing the feelings associated with a loss or losses also can be a complicated process since feelings of grief often unfold over time, as opposed to being a discrete/finite (“one and done”) process.

Likewise, grief related to an earlier loss in life can be kindled by an additional, new loss.

Fortunately, just as the incomplete grieving can trigger or relate to addictive behavior, addressing these problems with intentionality can provide a jumpstart toward recovery.

**Grief and Loss Timeline**

One way to tap this intentionality is to create a “grief and loss timeline.”

It is often surprising and illuminating to actually see on paper how many losses one has encountered over his or her lifetime. Likewise, it can help in the phase of “recognition” to see patterns or clusters of significant losses, which might provide a visual connection to some level of depression or acting out around that time.

Engaging in such a process can
Case Study Father Martin
by Taryn Millar, Psy.D.

“It was very surreal,” said Fr. Martin, “sometimes I still don’t believe it.” Fr. Martin, a pastor in a large parish, was discussing the sudden death of his secretary and friend, Sandra. Sandra had been in an automobile accident and died.

Following Sandra’s death, Fr. Martin continued his normal daily activities without much change. Yet he felt numb and alone.

“I thought I was doing okay at first but looking back I think Sandra’s death hit me harder than I realized,” he said.

Fr. Martin began working later and later to distract himself from loneliness and lethargy. When he stopped, he would decompress by staying up for hours watching television and drinking wine.

The effects of his overwork and alcohol use slowly became apparent. Fr. Martin’s mood became increasingly irritable, he had difficulty concentrating, his work became sloppy, and he began arriving late for church functions. He tried to cope by working harder and longer hours, and drinking wine became more of a staple in his life. Concerned parish staff worried that Fr. Martin may have a drinking problem and contacted the diocesan vicar for clergy.

Fr. Martin was referred for residential treatment to address issues of bereavement, depression and alcohol dependence. Early in therapy, Fr. Martin was withdrawn and discussed his life in vague responses. He noted that showing emotion, especially negative emotion, was a foreign concept.

Although Fr. Martin was unaware of it at the time, his tendency to dismiss emotion resulted in an inability to grieve. While he intended to blunt his sorrow, in distancing himself from his grief he blunted all of his feelings.

As part of his treatment, Fr. Martin participated in a full-range of therapies aimed at addressing his physical, emotional and spiritual health. In twice-weekly educational groups, he learned about the value of emotional expression as a way to ease internal tension. He learned how to label and cope with feelings effectively. He saw the cyclical relationship between thoughts, feelings and behaviors.

In individual therapy, Fr. Martin addressed early experiences where he first learned how to avoid dealing with emotions. He shared that his father never showed emotion and remembered how he grew up always being told “get over it” or “don’t complain.” He saw how these messages shaped his understanding of emotions and masculinity.

A big “aha” moment came when Fr. Martin remembered when his parents told him that his beloved grandma had died. Instead of being able to cry and stay with his family, he and his siblings had to go to school that day and carry on despite the loss. While he could understand the reasoning behind his parents’ decision, he recognized that he had adopted their coping style.

In group therapy and AA, Fr. Martin observed first-hand other men expressing their feelings and experiencing catharsis. He realized that feelings were not feminine, they were human. He heard how other residents had heard similar messages about feelings growing up or learned other ineffective ways of coping.

As Fr. Martin came to accept the power of emotions, he slowly began to talk about his feelings. He moved from discussing his anger about being in residential treatment, to his guilt over his alcohol addiction, to his sadness over the loss of his friend. As he expressed a full range of feeling, Fr. Martin noticed a growing sense of relief and a new-

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Fr. Martin began to recognize that his grief was multi-layered. The loss of his friend reminded him of other significant losses in his life. He noticed how major life changes, such as moving to a new parish, could also bring on grief. He recognized a pattern of withdrawing himself emotionally and socially when experiencing loss and how this negatively impacted his life. He saw the role alcohol played in distancing himself from his feelings.

Fr. Martin also worked through losses that were occurring in treatment. As other residents were successfully discharged from the program, Fr. Martin recognized the importance of saying goodbye, expressing his feelings and processing experiences of loss as they surfaced. He allowed himself to notice his feelings and accept them, rather than dismiss them.

Fr. Martin began preparing for his own transition out of residential treatment and back into the parish. He shared mixed feelings of joy, gratitude and sadness. In reviewing his journey in residential treatment, Fr. Martin recognized the importance of developing strong supports and sharing his feelings. He let go of the notion that feelings are exclusively feminine. “After all,” he said “the Latin root of courage is ‘cor,’ which means heart.”

Taryn Millar, Psy.D., is a therapist in Saint Luke Institute’s residential program.

To ensure the confidentiality of our clients, names, identifying data and other details of treatment have been altered.
Saint Luke in action around the world

Saint Luke Center in Louisville, Kentucky is about to celebrate its first anniversary. Under the direction of Emily Cash, Psy.D., the staff has had a busy year with outpatient therapy clients, workshops throughout the tri-state region, and managing the growing Saint Luke Institute Candidate Assessment Program. Saint Luke Institute’s new Director of E-Learning, Beth Davis, also works out of the Louisville center. 

Now based in South Africa, Fr. Hugh Lagan, SMA, Psy.D., has been collaborating closely with Church leadership there on education and services. In the United Kingdom, Andrew Peden, Ph.D., a clinical psychologist on the staff of St. Luke’s Centre in Manchester, England, recently authored, “The potential benefits of religious beliefs and practices for psychological well-being.” The article was published in the May 2012 issue of Clinical Psychology Forum, a publication of the British Psychological Society.

Save the date!

The 2012 Saint Luke Institute Annual Benefit will be held on October 15 in Washington, DC. This special evening will include the presentation of the Saint Luke Award, and will benefit the Institute’s scholarship fund. The fund helps to ensure that no priest or religious is turned away because of an inability to pay. Contact Carolyn Boyle, carolynb@sli.org or 301-445-7970 for sponsorship information.

A new look

You probably noticed a lot of changes in this issue of Lukenotes. You’ll see more on the new website of Saint Luke Institute, www.sli.org, launching this summer. While our “look” is new, our commitment to providing quality care to clergy and men and women religious in need of psychological and spiritual healing (as well as lay parishioners near our centers in the Washington, DC-Baltimore metropolitan areas) continues. We invite you to visit our website regularly. You will find information on our consultation services, treatment programs and—coming later this year—online learning in the area of emotional wellness and human formation.

Let us know what you think and how we can help you in meeting your needs. For more information, please contact lukenotes@sli.org or call 301-422-5593.

Support our ministry

“I finally know what it is like to be at peace.”
- former client

Please consider making a gift in honor of a priest, consecrated sister or brother who made a positive difference in your life. For more information, contact Carolyn Boyle, carolynb@sli.org or 301-445-7970.