

2 Discretion and Expertise. Exploring the role of Roman Catholic psychiatrists in the approach and response of the Roman Catholic governing bodies to the sexual abuse of minors (1945-1970)¹

M.E. Monteiro, Chair of Dutch Catholicism, Radboud University, Nijmegen

Introduction

Research projects in the US on the sexual abuse of minors by members of the Roman Catholic clergy have focused on the role played by psychiatrists and psychologists in the approach and response of the Roman Catholic governing bodies to this problem. Usually, the responsible authority enlisted the aid of clerics who had experience of caring for priests and members of religious orders who had perpetrated such abuse.² The US studies showed that the treatment these people received from psychiatrists and psychologists was part and parcel of a 'closed culture' in which it was known in the 1950s and 1960s that members of the Roman Catholic clergy were sexually abusing minors. This culture was characterized by 'institutionalized secrecy', which encompassed both ecclesiastical circles and treatment providers outside the immediate church hierarchy.³

In the United States in the 1950s and 1960s this closed culture was closely entwined with efforts by priests and members of religious orders to gain treatment programmes for fellow-clerics with psychological problems and to include a psychological examination in the admission procedures to the priesthood and the respective orders.⁴ Academically qualified psychiatrists, members of the laity in the eyes of the church, were part of this culture together with similarly academically qualified priests and members of religious orders who specialized in religion and psychiatry. A few special treatment centres were set up for priests with psycho-sexual problems – including priests who had sexually abused minors.

Very little is known in the Netherlands about the role of psychiatrists and psychologists in the treatment of clerics who had sexually abused minors⁵ or about the relationship between the treatment providers and the governing bodies in the church. These questions lie at the heart of a study that was based on an archive search requested by the Commission of Inquiry. The aim was to ascertain whether, in the period between 1945 and 1970, ecclesiastical and religious governors in the Netherlands took advice from medical experts who were not in the line of command of a diocese or a religious community and whether a 'closed culture' existed similar to the one described in the US.

The departure point for the study was the story of a priest from the Diocese of Roermond who had sexually abused minors. The incidents took place between the 1930s and the early 1950s and they illustrate the way in which ecclesiastical authorities acquired knowledge of the phenomenon of sexual abuse. It appears that, during this period, the church governors

made increasing use of psychiatrists as sounding boards when deciding what to do with perpetrators of child abuse from their own ranks.

It was possible to derive a picture of the vicissitudes of this priest by piecing together information from different archives. He was a serious problem case, which explains the existence of a voluminous and fairly detailed collection of files in the Roermond diocese. Together, his own personal files and the files about him in the Vatican Secret Archives fill more than seven crates. Access was also granted to his medical files at the St Willibrordusstichting psychiatric hospital in Heiloo, where he was admitted for treatment.

Perpetrators of child abuse do not normally leave such detailed track records, not even those who, like the priest in this case, have undergone psychiatric treatment. The Commission of Inquiry carried out a random study of historical patient files on the basis of the names of abusers and suspected abusers that had turned up during the archive search.⁶ The organizations that took over (Roman Catholic) psychiatric institutions usually have historical patient files in their possession, either as a continuous series or as a random but therefore representative collection.⁷ The professional legacies of freely practising psychiatrists who had also been actively involved in the assessment and treatment of child abusers since the 1950s were not part of the study. The papers had either been disposed of or were not available for research.

The case of the priest from Roermond sets the scene for a broader evaluation of the role of psychiatrists in the treatment of clerics who sexually abused minors in 1950-1970. Psychiatrists helped to keep ecclesiastical and religious governors informed of the exact condition of priests and members of religious orders who had committed sexual abuse. As a result, the church governors were better equipped to decide which measures were desirable or necessary. The expertise of the psychiatrists enabled them to expand their traditional but one-sided religious and moral frame of reference with psycho-pathological insights. They added medico-psychiatric assessments to their framework of moral interpretation – assessments that, in a broader context, were directly connected with the administration of criminal justice for sex offenders in the Netherlands. Sexual abuse changed from being a morally deplorable phenomenon to an element in a psychiatric syndrome which clerics could suffer from just as much as anyone else. It was a disorder that required treatment – also in their case.

There was no question of an entirely 'closed culture' in the Netherlands in the first half of the 1950s. At that time priests and members of religious orders with psychological problems were an item on the conference agendas of the bishops and the major superiors of religious orders and congregations. The church governors also looked to Catholic psychiatrists for information and insisted on absolute discretion, which they justified on the basis of the specific status of (diocesan and religious) priests as patients. Catholic psychiatrists, in turn, had pinpointed the Catholic doctrine, culture and teachings on morality as neuroses-inducing factors. They pleaded in public for better organized mental healthcare by

highlighting, amongst other things, the disproportionate percentage of Catholics involved in sexual offences in general. They pointed out that the core members of the Roman Catholic Church, priests and members of religious orders, were not immune to neuroses associated with religion.

The archive search suggests that psychiatrists were increasingly excluded in both the assessment of the suitability of candidates for the priesthood or religious orders and the assessment of individuals who were experiencing difficulties – also sexual difficulties – in adapting to the demands of clerical life. This exclusion stemmed primarily from the influence of directives from the Holy See, which had insisted from the mid-1950s that any such assessments be conducted within ecclesiastical confines. If external specialists had to be called in, they had to subscribe unequivocally to the moral teachings of the Roman Catholic Church.⁸ These directives were entirely at odds with the practices that had evolved in the Netherlands, whereby external psychiatrists were not recruited first and foremost for their moral principles but rather for their professional expertise.

Piecing together the problem

In 1953 the vicar-general of Roermond, Frans (F.J.) Feron (1896-1958), requested the medical records of a priest from his diocese.⁹ He had agreed to provide the medical director of the St Willibrordusstichting psychiatric hospital in Heiloo, one of the Roman Catholic psychiatric institutions, with an overview of the treatment and treatment providers in this case. The report goes back to the pre-war years and is written retrospectively with very little detail. Feron extracted the incidents that he regarded as relevant and rewrote them as a continuous narrative. His account reveals how much the governors of the diocese knew in 1953 and shows that they had been closely observing this priest since the early 1930s. In 1940 the diocese decided that the priest was no longer fit for pastoral duties and had taken steps to withdraw him from active participation in parish life.

The priest that emerges from Feron's account was congenitally burdened and had some fairly complex psychological problems – from compulsive disorders, depression and deviousness to 'abnormal sexuality'. Feron could have spared himself the trouble of writing this history since the priest had been admitted to the St Willibrordusstichting ten years previously and his medical records from that time were far more accurate. It emerged that he had been sexually molesting children since he was a student. Before his ordination he had fondled his ten-year-old niece and two much younger girls aged four and five. After this came to light he was appointed to the post of assistant rector at an institution for males with special needs. The assumption that he was only interested in little girls proved misplaced; he was removed that same year after he had molested two boys.

The Bishop of Roermond then reassigned him to a parish in central Limburg, where he began to exhibit different, but still inappropriate sexual behaviour – particularly for a priest. It was said that he had sexual relations with housekeepers and that he masturbated compulsively,

preferably above De Maasbode, which, because of its complexity and dreariness, was better known as 'the priest's newspaper'. He had to leave that post too when it became known that he had fondled a girl by placing his hand up her skirt. Though he tried to pressurize her into keeping silent – 'You'll be committing a grave sin if you tell anyone about this' – she reported the incident to her father, who duly warned the pastor. The priest was transferred to a monastery and placed under supervision. The bishop then tried to find another place for him, this time as a curate in a parish. When it again transpired that he could not stay away from little girls, the bishop had him admitted for observation to the St Willibrordusstichting in Heiloo at the expense of the diocese.

Hospitalization and treatment

In the early 1940s a psychiatric treatment programme was being run in Heiloo under the supervision of Dr J.A.J. Barnhoorn, the medical director at that time. The fact that Barnhoorn was able to acquire information about this priest from psychiatrist H.J. Schim van der Loeff, director of the St Anna psychiatric institution in Venray, indicates that the diocese had sought advice earlier from psychiatrists who had examined the priest and may even have treated him for a while. Schim van der Loeff was unequivocal in his judgement: the priest in question was notoriously unreliable and could no longer be assigned to spiritual duties. The diagnosis in Heiloo was 'psychopathy'.

At that time the term 'psychopathy' embraced a motley collection of psychiatric ailments and conditions: bipolar disorder, mythomania (pathological lying), paranoia, alcoholism, homosexuality¹⁰, exhibitionism and paedophilia.¹¹ 'Psychopath' was a blanket term that also included sex offenders, who were usually labelled 'hypersexual'.¹² Amongst them were exhibitionists, paedophiles and homosexuals. It may not have been entirely by chance that the Bishop of Roermond sent the priest to Leiden professor and psychiatrist Eugène A.D.E. Carp (1895-1983) for treatment, when he took another turn for the worse in the early 1940s after being discharged from Heiloo. Carp, a Catholic convert, was a well-respected leading academic in Dutch Psychiatry.¹³ He was a regular contributor to the in-house periodical of the Association of Roman Catholic Physicians, also writing on contested topics, such as the significance of Freud and psychotherapy.¹⁴ In 1934 he published a book on psychopathology (*De psychopathieën*) which was a standard work until well into the 1960s.¹⁵ It was the first comprehensive manual on the subject and was re-issued three times.¹⁶ Though Carp's exact diagnosis for the priest from Roermond is unknown, his manual offers some general guidelines for the assessment and treatment of sex offenders in the period covered by the archive study, 1945-1970. These guidelines must also have exerted an influence on the way the ecclesiastical and religious governors assessed this specific problem case.

Psychopathy and psychopaths

Carp defined psychopathy as an 'adjustment defect'. The core element in his interpretation of psychopathy was a 'defective aptitude for emotions', which may originate from a

'disorder of the temperament' or 'maldevelopment'. It could therefore be hereditary or the result of circumstances, particularly in early childhood. It could involve endogenous and exogenous factors and it was characterized by a 'diffuse entanglement of neurotic and psychopathic responses'. In other words, there was no clearly defined clinical pattern. Inevitably, this had implications for the treatment and its chance of success. According to Carp, the treatment had to focus first and foremost on the 'forms of response' through which the maladjustment expressed itself and which caused the problems in social relationships. Provided the underlying diagnosis was sound, the condition could be treated with 'invasive types of psychotherapy and rigorous re-education'. Psychopathy as such was untreatable – this is one of the key factors that distinguished it from neuroses. But Carp was again reluctant to draw sharp dividing lines: he maintained that 'psychopathic and neurotic problems could not be regarded separately'. He added that it was a two-sided problem which, moreover, had grown (note that Carp was writing in 1934) into one of the greatest problems facing society.¹⁷

Carp was acutely aware of the tension between norm and deviation and the value-laden nature of the division between the two.

Though an exact diagnosis was complicated by all sorts of factors, he wanted to prevent 'psychopathy' from becoming a cover-all for undefinable symptoms. A diagnosis of psychopathy would then be simply relative, i.e. it would be a diagnosis of exclusion. Moreover, it was subjective. The question on Carp's agenda as a psychiatrist was to determine the extent to which this subjectivity was reasonable and fair. In answering that question it was important to consider not only the interests of the patient but also the interests of the community. In the case of the latter it was essential to assess the risk that an individual with a diagnosis of psychopathy posed for other people.¹⁸ The vision of 'risk' stemmed from the widely held belief that people who were classified as abnormal 'could bring discord (i.e. threats) into the community orchestra and even disrupt the general harmony'.¹⁹ This is why it was so important when dealing with patients in this category to ascertain if it was the individual who suffered most from the disorder or whether the environment and the 'general harmony' were at risk of disruption.

Carp himself was not adverse to some value-laden terminology on the question of who should be classified as psychopathic. In his opinion, the adjectives 'anti-social and asocial' in the broadest sense could apply not only to 'tramps, layabouts, drunkards, rabble-rousers, fantasists and liars but also to artists, scholars, charlatans, conscientious objectors, sect builders and other idealistic enlighteners of the human race'. Clerics are not explicitly included in this list, but priests were, however, on the list of experts alongside child psychiatrists, child psychologists, parents, teachers, school doctors and juvenile magistrates who had to pool their professional strengths in the battle against problems in the upbringing and social environment that could lead to neuroses and psychopathy.²⁰

In principle, psychiatrists such as Carp counted priests among the mentally healthy people who helped individuals who were diagnosed as neurotic or psychopathic. Carp differentiated between 'criminal' and 'non-criminal' psychopaths. It is not inconceivable that priests and other clerics with a diagnosis of psychopathy fell into the category of 'non-criminal' and were regarded as excellent candidates for psychiatric rehabilitation programmes precisely because of their priestly state and formative background. The 'religious experience' together with 'the pursuit of community ties' played a key role in Carp's theories on the rehabilitation prospects of psychopaths. Rehabilitation was based on the 'reconstruction of the personality'. But Carp warned against 'false optimism'; 'a sense of responsibility and self-discipline' were essential building blocks in this 'reconstruction'. And that is exactly what the Church and the State expected 'in equal measure from its members'.²¹

Perpetrators and their problems

The case of the priest from the Diocese of Roermond shows that church governors such as Feron realized only too well that such behaviour could not be tolerated. The fact that they turned to psychiatrists for advice also suggests that they knew they were powerless to comprehend the situation alone. The steps taken since the 1930s show that knowledge was growing about sexually inappropriate behaviour and the psychological conditions that could precipitate it. Carp's standard work on psychopathy testifies to the utmost caution and circumspection with regard to diagnoses and therapies.

Therapy was the preserve of the medical experts, but Carp embedded it in the wider framework of Church and State. 'Community' is the key concept in his theories; measures – judicial and therapeutic – that were adopted in relation to sex offenders were aimed at adjustment to that community. The idea was to 'strengthen the will', to build a bulwark that would stop 'a psychopathic nature' from succumbing to the 'vital and egoistical impulses' which had placed the community at risk. Religion and spiritual counsellors had a role to play here together with psychotherapy. This vision fitted in neatly with the moral frame of reference that determined the thoughts and actions of the ecclesiastical and religious authorities.

Amid this process of medicalization scarcely any thought was given to the victims of the abuse. At least, there are very few indications to that effect in the sources consulted by the Commission of Inquiry. The indications that do exist appear only in connection with the attention paid by treatment providers to their patients. The case of the priest from Roermond highlights this situation. The victims' names are noted in the medical records in Heiloo, in the personnel files and documents in the Secret Archives of the diocese, but apart from that, all that is mentioned is gender, age and location, along with a summary of the abuse and what followed. It was one case in particular that brought this priest to the attention of Vicar-General Feron. It prompted him to write a letter which shows how people thought in the mid-1940s about the damage that could ensue from the sexual abuse of minors.

Feron was convinced that the victims would be less troubled by what had happened to them if attention was kept to a bare minimum. The case involved a boy, presumably over the age of twelve; the abuse had taken place several years previously. Feron made confidential (*sub secreto*) inquiries about this boy through the head of the school where the abuse had taken place.

'I wish to inform you *sub secreto* that something happened to this boy in *materia sexti* [the sixth commandment: Thou shalt not commit adultery] for several years. The agent was [priest's name] who was there at that time. You know, this poor man is heavily neurotic and has made innumerable attempts to be cured in later years. [...] If the pupil [name] has grown into a well-balanced, calm and well-behaved boy, it seems to me better not to mention it to him. Only if you think that this history is having lasting effects might it then be prudent to say that [priest's name] was seriously ill with his nerves and is no longer performing duties.'

In this letter the perpetrator is dubbed a 'poor man' for whom the young victim is asked to show understanding – if he has been damaged by the incidents. Perhaps Feron was trying to free the victim from any feelings of guilt. Whatever the reason, this passage strikes modern readers as strange because the role of victim is reversed. The priest is described as someone who was 'seriously ill with his nerves' and who, despite constant attempts, was unable to get better. Feron seems to be only marginally interested in potential damage to the victim, who had to take comfort from hearing that the priest was no longer performing pastoral duties in the diocese.

At that time neither criminology nor psychiatry paid much attention to the victims.

It was not until the late 1950s, when criminologist Willem Nagel published his groundbreaking vision (for that time) in *Victimologie* (Victimology), that the plight of the victim was taken into consideration in the criminal justice process.²² In psychiatry the first indications that children are damaged by sexual abuse date from 1945. In an assessment of a priest from the Diocese of Haarlem who, as a curate, had sexually molested young boys, Heiloo-based psychiatrist Barnhoorn wrote: 'These things had such devastating implications for the future of these boys'.²³ Psychiatrist Kees Trimbos from Utrecht used less veiled language to describe the potential damage to children when he held an address on 'Homosexuality and Spiritual Care' for priests of the diaconate of Amsterdam on 15 November 1952. The text was printed in 1953 in the *Nederlandse Katholieke Stemmen*, a periodical for the priesthood.²⁴ In line with the state of knowledge at that time, Trimbos distinguished inborn or constitutional homosexuality from 'developed homosexuality' that could arise 'through some cause or another' during adolescence.

'This category includes, first of all, the tragic group of "messed-up" children – children who have been exposed to contacts with homosexual adults before adolescence and whose psycho-sexual development (before and during adolescence) slowly but surely edged towards homosexuality.'²⁵

In this address 'damage' was synonymous with the development of homosexuality. 26

There are signs of similar notions of damage in the correspondence of H.J. van Deursen, president of the major seminary in Warmond (Diocese of Haarlem). In 1956 Van Deursen had been approached by a curate about a parishioner who had been 'interfered with by a teacher when he was a boy at a minor seminary in North Limburg. The boy had understood very little of what was happening to him. The priest (teacher) had said it was not that bad, but the boy's respect for priests and the priesthood had been seriously dented'. The boy left the seminary four years later and 'drifted into the company of homosexuals' in Amsterdam. By this time he was convinced that it was because of the incidents at the seminary that 'he himself had developed sexually in the wrong way towards homosexuality'. According to Van Deursen 'only a good psychiatrist could reverse the course of sexual development, not priests'. He believed that this was within Trimbos's capability as a psychiatrist.

Behind the political scenes in the second half of the 1950s, while concern was growing about indecent behaviour in primary schools, the interests of minors was starting to figure more strongly in the judgements on child abusers. In 1956 a former friar from Tilburg who had been barred from teaching after being found guilty of indecent acts with children tried and failed to win the support of Siegfried Stokman, an influential politician in the Catholic People's Party. He asked Stokman to intervene on his behalf in his attempt to be reinstated as a teacher. Stokman contacted the superior at the Tilburg friary to find out more, but he could give Stokman no guarantee that the priest would not lapse into recidivism if he returned to teaching. For Stokman, the issue was cut and dried: this guarantee was essential in the 'interests of the children'.²⁷

Types of therapy

According to Carp, perpetrators of sexual abuse 'should not be equated with degenerates – those who were beneath contempt'. But they formed by their very nature a difficult group, amounting in his estimation to no more than two percent of the population, with only a tiny number who sought help themselves. He warned again that:

'only seldom can a physician bring about a cure for a fixed sexual aberration that can lead to criminal acts. All assertions that say otherwise should be treated with scepticism.'

What physicians could do, however, was try to 'instil a different attitude in the sufferer, to help him develop a greater degree of self-control, to strengthen his will, to accept his lot, to attain a deeper sense of responsibility and to reconcile himself to a mission which will provide compensation and satisfaction.'²⁸

Probation after a sentence or a course of psychiatric treatment as part of a TBR order was one of the methods employed by the criminal justice system to promote social reintegration. Carp stressed again in 1934 that 'the vast majority of probation cases concerned the sexual abuse of minors of the same or the opposite sex and indecent exposure'.²⁹

'People may think that things are still far from satisfactory and that this is just the beginning in many respects. This impression is entirely correct.'

Though he definitely cherished expectations for the probation system, Carp still believed that there would be cases that showed little or no improvement at the end.³⁰ There were barely any statistics and the ones that did exist offered – in his opinion – only 'an appearance of certainty, where in fact no certainty was possible'; for 'probation tasks are carried out in the well-understood interests of the community and with an awareness that we are fulfilling a duty to fallen fellow human beings. We should all understand better than ever before that those who have fallen deserve our help rather than our sympathy'.³¹

In *De psychopathieën* (The Psychopathies) he concentrated on the category of sex offenders who were so recidivist that they were deemed incurable, but not 'anti-social' and were therefore in need of help. Castration, already tried in Germany, Switzerland and the US, could be a 'remedy'.³² In 1938 the Ministry of Justice set out the conditions under which this surgical procedure could be performed as a therapeutic measure. These conditions echoed what Carp had said in his manual in 1934: such an operation could only be performed on a voluntary basis and provided the persons involved understood the consequences. After that, castrations were performed under his authority in the clinic of Leiden University.³³ Under no circumstances could the castration procedure be part of a punishment or a trade-in for a commuted sentence, a shorter prison term or a suspended sentence.³⁴ The 'sufferer-cum-offender' was not in a position to 'sufficiently comprehend' the actual extent of 'a therapeutic surgical procedure such as castration and all its consequences' [in italics in the original].³⁵ And it was not the physician's job to punish, but to stand vigil over the 'mental health' of the sufferer. Castration was a last resort, aimed at the prevention of 'acts which are catastrophic for the sufferer and the community'.³⁶

Under Carp's supervision the priest from Roermond underwent this therapeutic procedure in the early 1940s.³⁷ Initially, he refused to even consider Carp's proposal of castration as therapy. It seems to have become a serious option when he yet again molested a young girl during the period that he was receiving therapy from Carp. The operation did not, however, have the desired effect – on the contrary. Medical insights at that time indicated that castration only reduced the sexual urge and did not remove it.³⁸ It should have been followed by a hormone treatment programme, but no-one knew that at the time, so it was not applied.³⁹ The priest continued to display inappropriate sexual and other behaviour, only he was no longer fixated on minors.

'Such a pity about your nerves'

The report that Feron sent to the medical director at Heiloo in 1953 suggests that he was almost at his wits' end with regard to this priest. It also shows that the church leaders were assimilating medico-psychiatric terminology:

‘As far as the rest of his personality is concerned, you could say that he is a good man, who does really want to remain a priest, not unintelligent, but nothing can come to fruition because of the fundamental disharmony.’

Feron’s hope that the priest would be admitted to Heiloo was in vain. It was not a suitable place for him. By now, even though sexual abuse of minors was no longer the problem, he was a serious source of concern to the diocese. The next part of the story is still illustrative of the standpoint adopted by the authorities in the Diocese of Roermond in this notorious case. ‘Such a pity about your nerves,’ Feron wrote to him at the end of the 1950s in response to continued requests for a position in the parish or the ministry to the sick. Piet van Odijk (1912-1991), Feron’s successor, inherited the case upon Feron’s death in 1958. He took up contact with Carp and his fellow-professor of psychiatry in Nijmegen, J.J.G. Prick (1909-1978). Van Odijk told Carp that reassigning this priest to pastoral duties would be a ‘huge experiment’ – no matter how modest and subordinate the position. He wrote to Prick: ‘I believe that this person is still very sick and unsuited to pastoral duties.’ But if Prick recommended otherwise then he would accede. Prick agreed that ‘active pastoral duties’ were out of the question but added that it would be disastrous if a man with such an ‘erratic personality structure’ had nothing to do. Perhaps a supervised job in a library or among archives would offer a solution. ‘Supervised’ was apparently key, because in the letter accompanying the report and diagnosis Prick stated that the priest had also displayed ‘inappropriate sexual behaviour’ during his stay in the clinic.

Although this assessment offered no basis whatsoever for a new chance in a spiritual ministry, the priest was still given one in the early 1960s. Within a short space of time he had made himself impossible – not, as it happens, by inappropriate sexual behaviour towards minors. The diocese withdrew him, acknowledged that he was ‘seriously ill’ and ‘too ill [...] to lead a parish’. It also recognized that ‘people [could have] no respect for this priest any more, nor for the Church’. Although Prick, urged by his patient, tried one more time to get productive work for him, it was clear that after twenty years the diocese had had enough. Vicar-General Van Odijk wrote to Prick saying that the Bishop of Roermond would not drop the priest altogether, but that he did fall into the category where there was, unfortunately, ‘no solution’. ‘You cannot ask us to do something that we regard as totally irresponsible,’ said Van Odijk, who had clearly drawn a line under any prospect of work for the priest in the diocese.

The Bless Report (1953)

In the same year (1953) when Feron tried without success to have this priest admitted to the St Willibrordusstichting psychiatric hospital in Heiloo, the Diocese of Roermond received complaints from priests who had been admitted for treatment to the Roman Catholic psychiatric institution of St Servatius in Venray. These complaints prompted Bishop Lemmers of Roermond to order an investigation. The aim was to ascertain whether there was a better way of treating priests with minor nervous and neurotic disorders than placing them in a

psychiatric institution. Priests could admit themselves voluntarily to St Servatius for tests and treatment but were loath to do so for fear of stigmatization.⁴⁰

Monsignor Lemmens asked H.J.F.M. Bless (1903-1974) to conduct the investigation. Bless had been a leading figure in pastoral psychiatry since before the Second World War. He had been rector of Voorburg psychiatric clinic in Vught since 1930 and taught at the major seminary in Haaren. Not only was the thick manual, *Pastoraal psychiatrie* (Pastoral Psychiatry), that he published on the subject in 1934 reissued in the Netherlands in 1945, a French translation appeared in 1936 with further editions in 1938, 1951 and 1958⁴¹, and in 1942 a Spanish version even appeared, based on the second edition of the French translation.⁴² Bless's work was also reviewed in prestigious international theological journals.⁴³ Needless to say, his reputation extended beyond the Netherlands.⁴⁴

In the Netherlands he is regarded as one of the pioneers behind the modernization of mental healthcare in Roman Catholic circles.⁴⁵ In 1951 the Dutch bishops appointed him mental health advisor to the Association of Roman Catholic Institutions for the Insane and the Mentally Disabled (*Vereniging van R. K. Gestichten en Inrichtingen voor Krankzinnigen en Zwakzinnigen*).⁴⁶ Bless had given lectures in the 1930s for the Association of Roman Catholic Physicians Employed in Mental Institutions (*Vereniging van rooms-katholieke Gestichtsartsen*) on 'the responsibility of sexual psychopaths' and had published papers on the subject in the *R.K. Artsenblad*, a journal for Roman Catholic physicians. In the 1930s he put his head above the parapet when he argued for psychiatric assessments for candidate priests.⁴⁷

Bless submitted his report on 18 December 1953 and Lemmens passed it on to his fellow-bishops early in 1954.⁴⁸ Although never intended for this purpose, the Bless Report came to play a role in a discussion on 'psychopaths' via the influence of Monsignor J.A. Geerdinck, the official at the ecclesiastical court of the Diocese of Utrecht, who used the term to describe priests who had engaged in so many acts of sexual indecency that they could no longer be assigned to active duties.⁴⁹ Both the report and the subsequent decision-making process are relevant factors in the attempts to address the issue of priests who had displayed inappropriate sexual behaviour.

This decision-making took place at the Dutch Conference of Bishops in 1954 and 1955 and in the very young umbrella organization of major superiors from some thirty religious orders and congregations of priests in the Netherlands. In addition, representatives from both bodies met to discuss the issue and the report.⁵⁰ The attention paid by both bodies to what were categorized as 'aberrant priests and brothers' is documented in correspondence, reports of meetings and confidential circulars. This was only one of the categories that Bless had addressed in his report. In fact, in the report it embraced a very small group which – despite its size – still posed a serious problem for the Archdiocese of Utrecht at that time. The fore-mentioned sources also provide an idea of the expectations and demands that the

church governors set for psychiatrists who were responsible for the care and treatment for this group.

According to Bless, thirty-four priest-patients were examined, hospitalized or treated every year in the seven Roman Catholic mental institutions which he had investigated in the Netherlands. He split this group into categories: patients with mild nervous disorders (neurotics) who benefited from a temporary stay, and chronic patients, whom he divided into geriatric and psychiatric – which included the ‘psychopaths’.⁵¹ Bless counted around fifteen patients in the first category. More suitable accommodation was now being sought for them. He placed the rest in the second category, without specifying numbers – not even for the ‘psychopaths’, which his report barely touches on, much to the chagrin of the Utrecht official Geerdinck: ‘And I was under the impression that this was exactly the problem that was worrying the bishops most: what on earth are we to do with these unfortunates?’⁵² All that Bless had said was that they should not be placed together, otherwise they would influence one another. Geerdinck advised Coadjutor-Archbishop Alfrink that the ‘bishops collectively’ should look for a ‘place where those priests in need of strict supervision could be accommodated in such a way that they no longer remain in the community; preferably in an existing psychiatric institution, firstly to keep up a certain appearance that these priests are "very stressed", that they are "psychopaths", and secondly because most of the cases really are of a pathological nature.’⁵³

‘Religiosi aberrantes’

On 11 May 1954 the Association of Religious Priests in the Netherlands (Samenwerking Nederlandse Priestreligieuzen) sent a circular to the major superiors about ‘the psychiatric treatment of priests’.⁵⁴ This topic had been on the agenda of the Annual General Meeting in October of the previous year. The circular stated that the question had also been discussed at the ‘most recent Conference of Bishops’. Reporting on these discussions, the circular connects ‘overstressed fellow priests’ with ‘sexual and other aberrations’: ‘The bishops discussed the difficulties presented by priests who could not be allowed to continue everyday duties because of sexual and other aberrations.’ According to the same report, the bishops discussed ‘collective accommodation in a psychiatric institution in the vicinity of a monastery, because a separate programme of spiritual re-education was desirable’. The second point of discussion was the ‘choice of a psychiatrist, who can prescribe the right kind of occupational therapy’.

The circular shows what Geerdinck was required to do viz., find out whether bishops and superiors could arrive at a joint solution ‘assuming [...] that the superiors in the Netherlands are experiencing the same difficulties as the Esteemed Bishops with these kinds of patients’. The secretary, Th. Keulemans o.carm, specified the task further for the (vice-)provincials asking whether ‘[...] priest-patients (=psychopaths) who could not continue to work because of sexual aberrations were also a problem for the superiors [...]’. If the superiors felt they

needed a policy line in such matters, then they could always take a lead from the discussions at the autumn meeting in 1953:

'It was deemed necessary to find a suitable psychiatrist with some knowledge of monastic life and an approach that respects the dignity of the priest, even those who may have committed a misdemeanour'.

The discussions on this subject during the General Meeting of the Association of Dutch Religious Priests in June 1954 are a relevant factor in the evaluation of the response of the church governors to these direct responsibilities. Though the higher superiors of religious orders and priest congregations were determined to shield priests with a diagnosis of 'psychopathic' from stigmatization, they realized that looking after them in their own monasteries would not be conducive to a cure – which was, after all, the whole point of the exercise. And whereas placing this group in a central institution in the Netherlands would lead to stigmatization, sending them abroad was hardly a solution either since cases 'that had come before the criminal court would then fall outside the justice system and could not be compelled to spend time improving themselves in an institution'.⁵⁵ That was not what the provincials wanted in 1954.

As it was unclear what the bishops – represented by Geerdinck – really did want, the General Meeting asked two priest-psychologists from their own ranks, the Jesuit Paul Ellerbeck (1908-1987) and the Franciscan Wilbert Stoop (1914-1994), for recommendations.⁵⁶ This resulted in a report about the 'religiosi aberrantes' from 'the advisory committee on psychiatric and other problems' on 3 December 1954.⁵⁷ Both priest-psychologists may well have encountered cases from their own practice, but they would not be lured into making any statements about the size of this group or the diversity of the psychiatric problems within it. In a conversation with Keulemans, the Association secretary, Ellerbeck had again stressed that as these were 'extremely delicate cases' the treatment had to combine 'professional expertise' with 'a deep love and esteem for the priesthood'.

In their view, monasteries were inappropriate places for this group since they were 'neither mental-hygiene centres nor centres of religious rehabilitation nor nursing homes'. They saw more potential in a 'central home in the vicinity of a monastery, with priests who are particularly suited to this kind of work and where proper and discreet medical help is on hand'. If the home also catered for priests in transit or geriatric priests, the risk of stigmatization would indeed be far lower. But they were still undecided, so they opted for the Secours Sacerdotale model which had been successfully tried in France. The Secours Sacerdotale model consisted of a group of priests, laypeople, lawyers (ecclesiastical and civil law), trusted medical staff and social workers, who took on the care of 'such priests' under the supervision of the vicar-general or the rector of a major seminary.⁵⁸ Exchanges and reciprocal help from the members of these small multidisciplinary support groups in combination with prayer formed the primary strategies for the priests in question.

Ellerbeek and Stoop felt that the model had a good chance of success in the Netherlands, adding that it had a lot in common with existing private initiatives, run by priests – with some psychological training – who usually worked with psychiatrists who had proven themselves ‘suitable’ for this kind of work. Bundling such initiatives would improve the ‘prospects of help’ [for the priests]. In this system priests and members of religious orders who required special nursing or treatment would be cared for in houses ‘where specific religious guidance can be provided or specific medical treatment can be administered and where people in therapy can be nursed’.

Division into categories

Geerdinck studied the information and submitted a concrete proposal to the bishops on 22 January 1955.⁵⁹ This shows that the discussions in the separate bodies had, at all events, resulted in a sharper division between the ‘priest-psychopaths’ and the broader group of priests with milder and often temporary mental health problems. Geerdinck’s proposal was to look into and get advice on where and how the first and most problematic category could be treated. The St Willibrordusstichting in Heiloo was named as the preferred location and remained so. There was nothing in the decision-making to explain why.

However, several reasons may be inferred. Since the late 1940s medical director De Smet had been running an interdisciplinary team, which included non-medical staff. The St Willibrordusstichting set itself apart from other psychiatric institutions/hospitals by differentiated and specialized treatment.⁶⁰ The Ministry of Justice also sent TBR patients there. The aim of the treatment was to bring about a ‘responsible return to society’.⁶¹ The staff at the St Willibrordusstichting had been gaining experience in this field since 1930 by treating forensic patients in the Paulus Pavilion. Since the 1950s there had been places there for fifty of the – on average – 560 males sentenced to TBR every year, around 250 of whom were Catholic. Most of those who were admitted to the St Willibrordusstichting were sex offenders under the age of thirty. De Smet had worked out in 1951 that the average stay of these patients was only eighteen months and that only 15 percent or so were recidivists. In other words, the St Willibrordusstichting had an excellent track record in the mid-1950s, precisely at the time when bishops and superiors had to decide what was to be done with people from their own ranks who had displayed sexually inappropriate behaviour.⁶²

Alfrink passed on Geerdinck’s proposal to the other bishops in his letter of 26 January 1955.⁶³ The attached notes of the Ordinaries of Roermond, Den Bosch, Breda and Haarlem suggest that the bishops were well-disposed towards it. Monsignor Lemmens of Roermond re-emphasized that the priests themselves still enjoyed a ‘certain freedom’ in this matter, just as every diocese ‘had the freedom’ to determine its own policy.⁶⁴ On 12 April 1955, Alfrink officially thanked Geerdinck for his efforts on behalf of the bishops. They appreciated his proposals, he said, but reserved the right to decide for themselves on a case-to-case basis whether to use the team at the St Willibrordusstichting. Alfrink stressed again, also on behalf of the other bishops, that this team would employ the utmost discretion. Autonomy and

discretion appear to be key terms in interactions with priest-patients who could not be kept in office because of 'sexual aberrations'.

The efforts of the Association of Dutch Religious Priests to establish a separate facility came to nothing because the target group was too small to justify the costs. Contrary to Geerdinck's recommendations, no real distinction was drawn between patients with a diagnosis of psychopathy and other psychiatric patients. Hence, the term 'psychiatric patients', when used in this circle, could harbour a whole myriad of mental health problems. There was a strong tendency towards subjecting 'every deviant person to a thorough examination', preferably at the St Willibrordusstichting, where there was a skilled, multidisciplinary staff. The costs of this examination, which would last an estimated six weeks, were offset against the recommendations. In many cases it would be 'cheaper [...] than shutting a patient away somewhere for a fixed period of time'. The bills were sent to the respective religious community or diocese. The recommendations 'from the St Willibrordusstichting' formed the basis for further treatment which would surely be available in another five or six institutions.

Residential care was not necessary in the cases that the St Willibrordusstichting regarded as 'eligible' for castration.⁶⁵ Superiors had to stay in regular contact with people who were 'to all intents and purposes, interned'. 'A few centres with a team (doctors, psychologists, lawyers) that could advise and warn would be desirable for cases which had only recently become a threat.' Secretary Keulemans saw opportunities here for collaborative efforts by bishops and provincials.⁶⁶

Sex offences, religion and the mental healthcare debate

As mentioned earlier, the Bless Report was commissioned by Bishop Lemmens of Roermond who had received complaints from priests about the residential conditions and treatment in the psychiatric institution of St Servatius in Venray, founded in 1905.⁶⁷ The medical director F.M. Havermans (1907-1984) had been appointed in 1944 and was a lawyer as well as a psychiatrist. In the same year as the Bless Report, 1953, he rekindled a debate that had been vigorously waged between lawyers, criminologists and moral theologians prior to the Second World War: the nature of the relationship between criminality and religion.⁶⁸ Havermans published a book called *Over criminaliteit onder katholieken* (Criminality among Catholics)⁶⁹ in which he referred to the annual address by F.J.J. Buytendijk, professor of psychology at Utrecht University, at the annual meeting of the Central Catholic Association for Public Mental Health (Katholieke Centrale Vereniging voor Geestelijke Volksgezondheid) in Utrecht on 5 June 1952.⁷⁰ Upon this occasion the new Catholic National Centre for Mental Healthcare (Katholieke Nationale Bureau voor Geestelijke Gezondheidszorg, KNBGG) was set up – with diocesan approval. This organization would play a direct role in the 1960s in the development of help and support for priests and members of religious orders with mental health and other problems.⁷¹

Buytendijk strengthened his case for developing mental healthcare for Catholics by pointing to the relatively high crime figures in this community. One notable detail is that he borrowed these figures from earlier publications by Havermans⁷² who, as a member of the committee for R. C. Physicians Employed in Mental Health Institutions, was part of the same board for the Catholic National Centre for Mental Healthcare, a sub-division of the very influential, not to mention fairly conservative Association of Roman Catholic Physicians. He was also a member of the National Mental Health Board (Nationale Commissie voor Geestelijke Volksgezondheid). Hitherto, the idea that a connection might exist between religion and crime had really only been discussed privately in academic circles or in professional publications.⁷³ Buytendijk's address, however, was reported in the press and led to some indignant headlines.⁷⁴ His views were rendered all the more contentious by his suggestion that there may be a connection between moral standards and the way Catholic children are raised by parents, priests and religious brothers at school: an unsatisfactory upbringing could cause psychological immaturity which could in turn lead to an increase in crime.⁷⁵

Havermans had suggested this as one of the explanations – summarized under the heading 'spiritual immaturity among Catholics' or 'psycho-infantilism'. He connected this 'immaturity' directly with the power and control exercised by priests and other clerics on the Catholic community and culture. He had built his theories on the basis of one thousand reports which, in his capacity as a forensic professional, he had compiled for the Ministry of Justice about Catholic – or self-styled Catholic – delinquents in Limburg.⁷⁶ In his thesis he points out that there is a disproportionately high percentage of Catholics – mainly from Limburg – among criminals and sex offenders. The sexual offence statistics were higher in Limburg and Brabant than in other parts of the country and fifty percent of crime nationwide was committed by Catholics; a disproportional share, since Catholics accounted for around 38 percent of the population.⁷⁷

Ever since the end of the 1940s the crime statistics and the percentage of sexual offences within these statistics had been giving cause for concern in the Netherlands. Limburg was indeed top of the list.⁷⁸ In 1949 A.P.Th.M. Kneepkens, deputy public prosecutor in Utrecht, said in an interview that he could not say how the crime figures for the district of Utrecht compared with the national figures, but he did describe the number of sex offences in Utrecht, especially those involving young children, as 'alarming'.⁷⁹ Although Havermans' ideas on crime among Catholics were not always consistent or convincing they certainly managed to reach a wider audience. There was immediate disquiet in Catholic circles. A debate among a few sociologists of religion revolved entirely around the figures that Havermans had used.⁸⁰ Credo, the diocesan newspaper of Roermond, filled by Monsignor Feron, spoke of uneasiness in Limburg and reported the first vehement rejoinders to Havermans' analysis.⁸¹

Two aspects of Havermans' work are relevant when evaluating the influence of medically trained psychiatrists on the approach and response of the Roman Catholic Church to sexual

abuse. In 1951 he published explicitly and again for a wider audience his experiences as a forensic psychiatrist.⁸² He argued that the courts depended on psychiatrists when reaching judgements on neuroses and psychoses; the same applied when they had to decide on the nature, level and duration of supervision.⁸³ Essentially, what Havermans was describing is now established practice in the Dutch justice system. This information is also important when considering the actions of the church governors and leaders of religious orders. The archive search for cases of sexual abuse in the Roman Catholic Church revealed that ecclesiastical and religious governors were likewise dependent on psychiatric expertise when deciding what to do with priests or members of an order who had sexually abused minors. If prosecution was imminent, the psychiatrists were an important link as they advised the investigatory judge. Moreover, the sentences sought by the public prosecutor were based on the psychiatrist's report on the defendant's mental state. The archive search also revealed, however, that the agencies in question – the investigatory judge, the public prosecutor, the probation services, the consultant psychiatrist – also involved the ecclesiastical and religious governors in their deliberations and assigned them a role in the execution of a (suspended) sentence or a provisional dismissal.

Here is an illustration. In the summer of 1959, J. van Baar, medical director of Huize Padua, assessed a Jesuit priest at the request of the investigatory judge in Roermond. The priest had been arrested because he had removed all the blankets and clothing belonging to young boys who were guests at the Jesuit boarding house, thus ensuring that their genitals were exposed. This had happened within forty-five minutes, during which time he had entered more than forty rooms, switching on lights here and there. 'Anyone who does something like that must definitely be disturbed,' was Van Baar's conclusion. But the priest was not sexually aroused, he 'didn't even have an erection'.

'He encroached on the masculinity of the boys only insofar as was necessary to see them naked. In all probability this was not an act of sexual molestation in a homosexual or paedophile sense. What the accused wanted was to see as many genitals as possible.'⁸⁴

Van Baar had recommended that the case be provisionally dismissed provided the individual in question underwent psychiatric therapy for as long as the consultant psychiatrist deemed necessary. Then he could be re-assigned a position in agreement with the generals, which would remove all fears of a repetition. In his opinion there was a chance that the psychiatric treatment could free the priest of 'the unhealthy symptoms that induced him to commit the acts. If he were sentenced the prognosis would be poor because he would have to leave the society.'

The investigatory judge told the psychiatrist, however, that if the Jesuit was found unfit to plead he would be unable to pass sentence and the case would not be provisionally dismissed as Van Baar had suggested. The plea was then changed to 'diminished responsibility'. The Jesuit was placed in Huize Padua at the expense of the order and remained there for almost a year. There are no reports of recidivism.

The contribution of publishing psychiatrists such as Havermans to the way the sexual abuse of minors was addressed also included profiling for potential offenders. Havermans' work illustrates a shift in the profile of the perpetrators of child sex abuse between the early 1950s and the start of the 1960s.⁸⁵ In his *Opstellen over forensische psychiatrie* (Essays on Forensic Psychiatry, 1951) most paedophiles were heterosexual and intellectually challenged, either congenitally or through old age. More than ten years later he revised this profile in *Vijfduizend verdachten* (Five Thousand Suspects, 1963) by identifying the 'priest-teacher' as a potential paedophile.⁸⁶ Around this time, child safety was becoming more of a public issue. In 1965 the Catholic women's magazine *Beatrijs* reported that around 70 percent of sexual offences were committed by someone known to the child. These included people 'of standing' in society. Youth leaders and teachers were among the high-risk categories. Anyone who committed such an offence was 'a psychopath, a lunatic, a man who should be sent to an institution for treatment'.⁸⁷ Parents could arm their offspring against sexual abuse by adults by providing a close-knit family environment and proper sex education.

Moral responsibility and competing competencies

Professional practitioners such as Havermans and Buytendijk identified some fairly elementary problems in their own Catholic circles while the Roman Catholic mental healthcare system was under construction. Neither observed the discretion that the church authorities deemed desirable in these matters. Bless, and the priests Ellerbeck and Stoop, on the other hand, stressed the need for the utmost discretion regarding the psychiatric treatment given to priests and members of religious orders in general. They described the treatment programmes as personal and delicate (Bless Report) or they spoke of extremely delicate cases (advice by Ellerbeck and Stoop) in which psychiatrists should apply 'professional expertise' combined with a deep love and esteem for the priesthood; for even though they were, technically speaking, patients, they were still priests, who were higher in the divinely ordained socio-religious hierarchy than the psychiatrists who were treating them.⁸⁸

Within that scheme of things the treatment providers were members of the laity and would always remain so. Accordingly, the priests – also as patients – were set above the brothers who owned and managed the psychiatric institutions until the late 1960s and who were responsible for nursing them. When priests in St Servatius found that they were sharing a ward with lay persons and were being nursed by lay professions they complained to Monsignor Lemmens who duly asked Bless to investigate.

Medico-psychiatric discussions on psychiatric problems, including psychopathy, touched directly on the question of assuming moral responsibility for one's own behaviour and on questions of competencies between spiritual counsellors and psychiatrists. These questions cast a direct influence on the decision-making on psychiatric patients by the priesthood and religious orders, also on those who had sexually abused minors. During the years that the

Dutch bishops and the major superiors deliberated on what was to be done with these patients, a much broader question was playing in the background: did people with psychological and psychiatric problems actually have a free will? This was definitely not a side issue, for the principle of free will was the lynchpin in the whole system of Catholic morality. Was it right to hold an individual responsible for acts that were not committed out of free will? And when did diminished sanity and hence diminished responsibility come into play?

The same questions were being discussed in France and Italy.⁸⁹ At the end of the 1940s the tension between the principles of mental health and morality in the Netherlands was thrust into the foreground by the Terruwe Affair – which was inseparable from the more general issue of psychiatric treatment for priests and members of religious orders. That was also the reason for the direct interventions from Rome. A summarized version of the Terruwe Affair is provided below.

In 1949 the Bishop of Den Bosch, Monsignor Mutsaerts, ordered an inquiry into the views of Nijmegen lawyer and moral theologian Willem J.A.J. Duynstee c.s.s.r. (1886-1968) and his protégée Anna Terruwe (1911-2004). Terruwe, who had studied medicine in Utrecht and specialized in psychiatry, had just been awarded a PhD for a thesis entitled *De neurose in het licht van de rationeelpsychologie* (Neuroses in the Light of Rational Psychology) in which she tried to link the Catholic image of Man as conceived by the mediaeval theologian Thomas Aquinas – Man as a rational being who pursues God's will through reason – with the repression theories of Freud. Freud had not been well-received in international Catholic circles because of his ideas on pansexuality and determinism. Terruwe defended her thesis with a Catholic theory on neuroses under the supervision of Carp, the previously mentioned professor of psychiatry at Leiden University. She built on what her mentor Duynstee had written on repression in 1935.⁹⁰ Duynstee, who was professor of penal and criminal procedure law, and later jurisprudence, at the Roman Catholic University of Nijmegen had a lively confessional practice which, like the treatment practices of Terruwe, had been under investigation by the church since 1949.⁹¹

Duynstee and Terruwe used the principle of free will to refute Freud, who maintained that individuals were at the mercy of their own desires. However, their Thomistic theories on repression prompted some moral theologians – followed by Catholic doctors – to comment that they may have taken individual moral responsibility to irresponsible extremes.⁹² These comments were rebutted by a four-man committee instituted by Monsignor Mutsaerts and chaired by Frans Feron, president of the major seminary at Roermond and vicar-general of the Diocese of Roermond. The other committee members were Vicar-General W.M.J. Koenraadt (1896-1973) from the Diocese of Breda, who had lectured in moral theology at the major seminary in Hoeven for twenty years, the president of the major seminary in Warmond (Diocese of Haarlem), H.J. van Deursen (1896-1958) and Bernard van den Hurk (1905-1964), who taught at the major seminary in Haaren (Diocese of Den Bosch).⁹³

The responsibility for this investigation rested with the Dutch bishops. However, the Holy See in Rome was keeping a watchful eye on developments and sent a letter in December 1949 saying that it wished to be informed if no solution or remedy could be found through the authority vested in the bishops.⁹⁴ This implied that the Holy See recognized the authority of the Dutch bishops in the matter and would only act if necessary.⁹⁵ The letter from Archbishop De Jong of 28 December 1949 shows however that the responsibilities were somewhat complex. The bishops had instructed the above committee to conduct the investigation but the Holy See demanded that it take place behind closed doors. De Jong informed the Holy See that that the people that the committee wanted to question, both priests and doctors, either did not want to be questioned at all or did not want to be questioned by this committee.⁹⁶

The committee concentrated on determining whether Duynstee and Terruwe – pleading the interests of the patient's mental health – had given counselling that contradicted Catholic moral teachings. Several complaints had been submitted to this effect; they were said to have encouraged people to perform sexual or sexually tinted acts, such as masturbation or looking at images of naked women. In the case of Duynstee the committee focused on the lively confessional practices that he ran for students and Catholics. In Terruwe's case it focused on the psychotherapy that she had been practising in Nijmegen since 1945. In a statement in February 1950 Duynstee explained to the committee chaired by Feron that he believed it was permissible to engage in technically sinful acts such as masturbation provided they were in the interests of mental health. They would relieve the anxiety which caused or exacerbated neurotic symptoms. Fuelling this anxiety by constantly stressing that such acts were sinful would only have an adverse effect and increase the tension further.

Duynstee, in passing, delineated the competencies of priests and psychiatrists, saying that priests should not be too ready to sit in the psychiatrist's chair.⁹⁷ At this juncture it was impossible for the committee to circumvent the question of where the division lay between spiritual care and mental healthcare, between morals and psychiatry. It conveyed Duynstee's line of argument in the report it presented to the Dutch bishops in April 1950.⁹⁸ Duynstee is described in this report as impeccable in theory and practice and better equipped than anyone to treat the most delicate cases, not least through his association with 'good Catholic psychiatrists'. He did a lot of good for 'distressed souls', according to the committee. Terruwe was also considered 'good in all respects', in person, theory and practice. According to the report, in her case, the inquiry revolved around a complaint that she had encouraged a patient to masturbate. Terruwe had replied that she never encouraged her patients to engage in objectively sinful acts. In this specific case the patient had asked her if, by masturbating, he had committed a mortal sin. She had said that he was not, because a mortal sin was committed out of free will and he was not acting out of free will because of his mental state. The committee was satisfied with this answer, which again highlighted the weak and even unfounded nature of the complaints that had prompted the inquiry.

Dependence of the ecclesiastical and religious governors on psychiatrists

In the first half of the 1950s the ecclesiastical governors and superiors turned to Catholic psychiatrists for enlightenment when confronted with serious problems relating to novices, priests or religious brothers under their responsibility. These problems were varied but usually bundled together under the heading of 'neuroses' or 'neurotic ailments'. Terms such as 'nervous exhaustion' or more commonly 'troubles' also appear in correspondence and files. It emerged from the Bless Report and from exchanges at the highest level of governance within the ecclesiastical province and the consultative body of the major superiors of male orders that such generalizations were sometimes used on purpose to shield individuals who had been diagnosed as 'psychopathic' by psychiatrists. It was nigh impossible to discern the nature of the problems in each case on the basis of the available material. In cases where this could actually be done there were no clear indications of sexual abuse. The psychiatric consultations as a whole should also be interpreted with caution. Again, these did not necessarily relate to problems of a sexual nature or sexual abuse.

The church governors sent their problem cases to Catholic psychiatrists with their own independent practices and to Roman Catholic psychiatric institutions. There was not much choice in the first half of the 1950s. There was a general shortage of Roman Catholic doctors, particularly specialists – including psychiatrists. The Catholic psychiatrists referred to in the sources are often the same people. Some were the medical directors of institutions with their own small practices, such as Havermans (St Servatius, Venray) and G.B.J. Janssens (Voorburg, Vught), who were both employed as forensic psychiatrists. There is also regular mention of professors of psychiatry such as Carp (Leiden) and Prick (Nijmegen) besides privately established or practising psychiatrists such as Anna Terruwe and Kees Trimbos, who rank among the 'spiritual liberators' of Catholic Netherlands.⁹⁹

In 1955 Trimbos criticized mandatory celibacy.¹⁰⁰ Two years previously he had drawn attention to 'some forms of paedophilia among members of religious communities who, acting from a misunderstood and misplaced prudence, sometimes display an otherworldliness in sexuality that, humanly speaking, is bound to lead to a fixation at a very immature and infantile level'.¹⁰¹ By the mid-1950s the news that psychiatrists were advising church governors and superiors in administratively awkward – sometimes painful – problems had leaked to other countries. This may partly explain the tighter controls on this practice from 1956 (discussed in detail below). The archive search, ordered by the Commission of Inquiry, revealed that a number of international orders and congregations from the Dutch province were entirely open towards the governing bodies about the involvement of psychiatrists. It was known internationally that novices and members of these organizations consulted psychiatrists about mental problems, which included difficulties with and violations of the vow of chastity. Such consultations could also be taken on board in the selection of candidates who had given superiors cause for doubt. Psychiatrists were also consulted by individuals who wished to leave the community – either of their own accord or

because they were strongly advised to do so by their superiors. In the first half of the 1950s recommendations and arguments from psychiatrists were still being freely applied in requests to be relieved of vows, a necessary precondition for leaving an order.

Usually two experts were called in: the father confessor and the psychiatrist. In religious orders, congregations of priests and brothers established under canon law, any requests to be relieved of vows had to be ratified by the superior general, who was also informed when a psychiatrist as well as a father confessor had been involved in the preliminary process.

There is one classic example that shows how this knowledge travelled beyond the Netherlands to the superior general in Rome, where the part of the Holy See that was responsible for religious orders was closely monitoring events. In 1952 a brother from the Congregation of the Blessed Sacrament in the Brakkenstein provincialate was arrested by the police.¹⁰² The arrest took place at the request of the police in Amsterdam, where the brother had allegedly sexually abused young boys. His psychiatric records revealed that the incidents involved sexual contacts with male prostitutes under the age of 21.¹⁰³ There was, in effect, no question that the brother had abused his position or was guilty of sexual abuse. What is particularly relevant in this case, however, is the communication between the provincial superior and the superior general in Rome, who reminded the Dutch provincial superior that the Roman congregation for the religious order insisted on greater vigilance. He further stressed that, as superior general in Rome, he should be kept informed of 'difficult cases' like these. Finally, this case is also relevant for the practical, but informal allocation of tasks among psychiatrists. The provincial superior had sent the individual in question to Terruwe, who quickly called a halt to the treatment because he was, in her opinion, 'psychopathic' and would be better placed in the St Willibrordusstichting psychiatric hospital in Heiloo.¹⁰⁴

In the first half of the 1950s Heiloo appears to have served as a research clinic, as Geerdinck, following the example of Bless, had initially suggested. It was used for both diocesan priests and brothers from religious orders. Judging from a case in the Diocese of Roermond, this practice continued into the second half of the 1960s. Feron's successor, Van Odijk, asked psychiatrist De Smet from the St Willibrordusstichting to observe a priest from this diocese and, if necessary, admit him for treatment. The priest was at risk of becoming embroiled in a scandal because of 'things' which were 'very punishable by law and could have very unpleasant consequences for him personally'. The case was actually about contacts with six altar boys and giving boys lifts in his car, much to the bewilderment of parents. The fact that this priest did not seem to comprehend the inappropriate and risk-laden nature of his behaviour was sufficient reason to send him on sick leave and to book a consultation for him with De Smet.¹⁰⁵

Heiloo was not the best place for psychiatric patients that needed long-term hospitalization. This was likewise true of the St Jacobus institution in Wassenaar, categorized by Bless in his report as an institution that specialized in neurological problems, where patients were

treated and not nursed. There were other facilities for long-term care. The Bless Report (1953) listed five which admitted 'neurotics' and chronically ill priest-patients. Bless not only declared them suitable or unsuitable but defined the groups of patients. Huize Overdonk, which was run by the Brothers of Our Lady of Lourdes in the municipality of Dongen, was described, for example, as a place for 'quiet, nervous patients'. St Joseph's in Apeldoorn, like St Servatius in Venray, was unsuitable for neurotic patients because the treatment was designed for the chronically sick. St Paschalis in Oostrum, which was connected to St Servatius, had a very limited capacity and was primarily for priests with an alcohol addiction. St Bavo in Noordwijkerhout, a Roman Catholic psychiatric institution, is also on the list, but is not discussed.

Traditionally, Huize Padua in Boekel (Brabant) was where priests and members of male religious orders were sent when, for some reason or another, they could no longer be assigned duties. It was suitable for more serious cases, according to Bless, but ill-equipped for the category of neurotics that would benefit from temporary hospitalization and treatment. As we shall see, Huize Padua did not have much of a reputation among clerics. The bishops and superiors knew that priests with diverse problems were clustered together there. It was a situation that was regarded as most undesirable, given the risk of stigmatization.

Huize Padua was run by brothers of the Hospitaller Brothers of St John of God for general hospital nursing who had been trained in psychiatric nursing.¹⁰⁶ Around forty priests and brothers were accommodated more or less separately from the other male inmates in a building called the Heerenhuis. The building retained this name after it was formally dropped in 1932 and was converted into a first-class, open unit where priests and ordained members of religious orders were placed at the expense of their respective communities.¹⁰⁷ Most of them were males suffering from dementia, whose failing mental faculties might have tarnished the image of the priesthood. They came from different dioceses, orders and congregations and were known as 'non-active boarder-priests'. For them, Huize Padua was the end of the line. Huize Padua was also where priests were sent who were deemed 'incurable', mostly alcoholics. But it also housed priests who had sexually abused minors and had been temporarily or permanently withdrawn from pastoral duties. The priests' wing in Huize Padua might best be likened to a 'house of disgrace',¹⁰⁸ which has reportedly never existed in the Netherlands.¹⁰⁹

Sources from the Archdiocese of Utrecht dated 1953 – the year of the Bless report – offer a glimpse of the situation in Huize Padua. There is a correspondence between Geerdinck and Coadjutor-Archbishop Alfrink about a priest who was relieved of his duties because he was a 'woman chaser'. The priest was sent for examination and treatment to the psychiatrist Hanrath, who was attached to the Antoniushoeve in Voorburg. He was then transferred to Huize Padua, which, according to Hanrath, was not the most appropriate place for him. Hanrath's opinion was endorsed by the priest's father confessor, who had painted Geerdinck

a somewhat sad picture of a few dozen priests who were staying in Huize Padua at that time. There was no selection procedure, only the 'troublesome ones' were shut away in the psychiatric unit. The others sat together: listless, drooling old men, dishevelled and neglected. Some of them didn't even know that they were priests.¹¹⁰

An unequivocal warning: the Monitum of 1956

The years 1953 and 1954 are associated with a final show of triumphalism in the history of Catholicism in the Netherlands.¹¹¹ The highlights were the celebrations in 1953 to mark the centenary of the restoration of the diocesan hierarchy – deliberately kept low-key out of respect for the victims of the flood disaster earlier that year – and the Mandement of 1954, whereby the episcopate returned to a kind of pre-war form of top-down communication about commandments and prohibitions – a move that was totally out of step with the level of development and education of its own grass roots. The problems addressed in the Mandement were blamed on a modernizing society. The main concerns were the steady decline in church attendance and disloyalty to Catholic organizations.¹¹² The solutions, which had been formulated by the bishops, were rooted in the age-old principle that unity must be preserved within the confessional group. These church leaders had not yet worked out isolation as a strategy and were still intent on preventing criticism of the Mother Church by alternative thinkers come what may.

The Dutch bishops were under heavy pressure. In October 1953 Rome had imposed a reorganization of the dioceses as a response to what it regarded as a weakening of the Church's hold on the Catholic community in the Netherlands. One concern that remained unnamed, but which still figured strongly and would receive closer attention from Rome, was the role of the governing bodies in keeping Dutch Catholics on the right path. It is difficult to see this concern and the way it was monitored as separate from the psychiatric treatment administered to priests and members of religious orders, whether or not for inappropriate behaviour. The correspondence between the Dutch episcopate and the internuncio and the church institutions shows that it centred mainly on the quality of the priests. In the eyes of Rome the fact that some were 'neurotics' and 'psychopaths' pointed to shortcomings in the selection and training processes.

At all events, since 1955 the Holy See had been formally apprised of the talks between the bishops and major superiors about the psychiatric patients in their own ranks. Sources from the archives of the Diocese of Breda indicate that the papal internuncio Paolo Giobbe had sent a letter to Coadjutor-Archbishop Alfrink in January 1954, asking for the 'formal list of decisions' from the Conference of Dutch Bishops. In contrast with similar conferences in other ecclesiastical provinces the Conference of Dutch Bishops had never been established canonically and hence did not actually have the status that Giobbe had assigned to it – no doubt upon the instigation of the Holy See.¹¹³ This somewhat obscure status explains not only why, according to the Dutch bishops, the collective decisions were not enforceable by law, but also why the internuncio was not present at these conferences.

It cannot be concluded with certainty from the sources in the diocesan archives whether the request for a formal list of decisions in early 1954 was connected with the pending reorganization of the ecclesiastical province in the Netherlands. Nor is it clear whether it was connected with the fact that Rome was preparing to appoint a successor to Archbishop De Jong. Alfrink had been appointed his coadjutor in 1951, but without right to succession. This was a sign of limited trust, not just in Alfrink but in the entire episcopate.¹¹⁴

In July 1954 it was announced that the Jesuit Sebastiaan Tromp would be coming to the Netherlands.¹¹⁵ The reasons were fairly vague – it was said that he would be visiting Nijmegen University and the major diocesan seminaries on behalf of the Holy See. Eventually, besides monitoring the soundness of the theological training for new intakes of priests, Tromp turned his attention to the relationship between spiritual care and mental health with particular emphasis on Terruwe and Duynstee.

The request for the list of decisions caused the Dutch bishops embarrassment. Eventually Alfrink asked the Coadjutor-Bishop of Roermond, Monsignor J.M.J.A. Hanssen (1906-1958) to draw it up. The exercise took more than a year and Hanssen could not distribute the list to the other bishops until February 1955. Decision 10 reads:

‘On behalf of the bishops, Monsignor Geerdinck, official of the Archdiocese of Utrecht, will take up contact with the Association of Provincial Superiors of Orders and Congregations (Vereeniging van Provinciale Oversten van Orden en Congregaties) so that they can look together for suitable and more spacious accommodation for priests who have been relieved of their duties because of mental and moral problems. Pastor Bless from Oerle is thanked for his report and may reclaim his costs.’ [underlined in the original]

In plain terms, Rome now knew officially about the discussions regarding priests in difficulties. And this knowledge arrived while Tromp was still visiting the Netherlands. The archive search did not reveal whether any other information was exchanged.¹¹⁶

However, three directives did reach the Dutch bishops via internuncio Giobbe in 1956. The first came in June in the form of a letter, *Magna Equidem* (27-12-1955), which was sent to bishops worldwide and which raised the question of careful selection of candidates for the priesthood. Then, in July 1956, the Holy See instructed the episcopate to issue an official warning to the presidents of the diocesan seminaries: seminarists were to be prohibited from being treated by psychiatrists who endorsed the ‘unorthodox’ repression theory.¹¹⁷ Treatment by female psychiatrists was also prohibited. That could only apply to Anna Terruwe, the one person to be warned beforehand by Vicar-General Oomens from the Diocese of Den Bosch.¹¹⁸ The bishops published the *Monitum* in November 1956.¹¹⁹ In October the Dutch bishops, like their counterparts elsewhere, received a circular which against stressed that adherence to the sixth commandment had to be closely monitored via the confessional.¹²⁰

The Monitum had direct implications for the role of psychiatrists in the mental assessment and treatment of priests, seminarists and members of religious orders with psycho-sexual problems. Pastor Bless and his colleague Hein Ruygers, priest at the Diocese of Breda and teacher of psychology amongst others at the major seminary in Hoeven, disagreed with the way the situation was presented in the Monitum.¹²¹ They were chairman and secretary respectively of the Pastoral Orientation Committee (Pastorale Oriënteringscommissie) in the Catholic Charitable Association. In October 1957 they sent a letter to all bishops¹²² in which they claimed that the reprehensible views and practices described in the Monitum were not endorsed by 'any Catholic psychiatrist in the Netherlands [...], not even by most bonafide non-Catholic psychiatrists'. The committee members had, however, heard rumours about practices like those described in the Monitum. Upon further investigation they could be traced to advice that had been misinterpreted by patients or by spiritual counsellors 'who lacked the necessary insight'.

Bless and Ruygers objected to the 'generalizing tenor' and insinuating tone of the Monitum.

'The people who work in the field of mental hygiene feel repudiated. They believe that insinuations are made that they frequently and seriously fall short in their professional ethics, even though it is well-known how seriously and conscientiously people in the medical world adhere to time-honoured principles. Their trust has been shaken. Psychiatrists feel constrained in their academic efforts and damaged in their practice. They feel that patients have greatly deteriorated, as they too have become aware of the content of the Monitum; the essential trust in the physician has been undermined. This will not assist the healing process. Many clerics who are not sufficiently acquainted with this material have again been made to feel insecure and no longer dare, when necessary, to refer penitents to a psychiatrist. The Catholic professionals who have a difficult job of work to do in this field cannot do without external support, particularly from the ecclesiastical leaders. They would have liked to have received a word of encouragement from Rome, expressing confidence in their efforts to bring about the human and therefore the Christian recovery of so many sick people.'¹²³

The Pastoral Orientation Committee

Bless and Ruygers were writing on behalf of the Pastoral Orientation Committee, which had not dared to protest openly against the Roman Catholic institutions in case it put more pressure on the discussions on the development of Catholic mental healthcare in the Netherlands.¹²⁴ Alfrink had also tried to stop any such protests when he received Ruygers for an audience on this very question in August 1957.¹²⁵ At his request Ruygers compiled a detailed reply to the charges in the Monitum. It could be read as a defence of Anna Terruwe but the archbishop eventually did nothing with it.¹²⁶ The discussions in the Pastoral Orientation Committee were mainly about the consequences of the Monitum. Bless and Ruygers expressed this concern in their letter.

The Pastoral Orientation Committee focused on the 'pastoral problems' and met for the first time in June 1954. Initially, the members were all priests, including Bless, but leading priest-governors such as Feron (vicar-general of the Diocese of Roermond) and Herman Fortmann (president of Dijnseburg school of philosophy in the Archdiocese of Utrecht) joined later. The priests were not only diocesan priests but religious priests as well, including the Franciscan Wilbert Stoop. In that same year Bless and Stoop were also directly involved in advising bishops and superiors on psychiatric support for priests and members of religious orders. In the autumn of 1954 psychiatrists Trimbos and De Smet, from the St Willibrordusstichting in Heiloo, were also invited to join along with psychologist Piet Calon, professor at the Catholic University of Nijmegen, and educationalist Lène Dresen-Coenders from the Hoogveld Institute. At the beginning of 1955 J.J. Dijkhuis, who had been working as a psychologist and psychotherapist in Heiloo since 1948, was also present. Though a layperson, he taught psychology at the major seminary of the Diocese of Haarlem.

The fast-changing composition of this committee in itself testifies to an intention to reconcile pastoral with psychiatric care, between the clerics on the one hand and the providers of mental healthcare on the other. The committee was made up of theologians and priests, but also priest-psychologists and lay psychiatrists and psychologists. Both the composition and the themes were sensitive to say the least. That explains why Chairman Bless asked the members in the summer of 1955 to treat the content of the discussions with the utmost discretion. This request was directly tied in with Tromp's investigation for the Holy See, which was also focusing on the psychology taught at the major seminaries. The secretary of the committee Ruygers had been personally questioned by Tromp on the matter and was not allowed to lecture in ethics or psychology at the major seminary in Breda starting from that same year.¹²⁷ Henceforth, discussions in the committee were minuted without names and the members received only very brief, businesslike reports of the meetings.¹²⁸ The orientation in the committee towards co-dependence between pastoral and psychiatric care and the recognition that psychiatric problems could affect moral judgement encountered opposition from the Jesuits, who were not welcome in the committee.¹²⁹

Paul Ellerbeck, the 'resident psychologist' of the Jesuits and fellow-priest and moral theologian Van Kol took the view that psychiatric patients were entirely responsible for their actions. It appears from the concrete reactions of the governing bodies to cases of abuse in the Society of Jesus that, from the early 1950s, a strong resistance was forming against psychiatric diagnoses for their own members. Even so, the archive search revealed that, after 1945, provincials had turned regularly to psychiatrists for expert advice and treatment. Sometimes the cases were clearly of a psychiatric nature. Advice from medical experts was also sought for measures to determine the sexual nature and possible 'curability' of deviant behaviour (especially when members were being sent away from the order).¹³⁰

That resistance was most evident in the readiness to label problems as 'neuroses' and was apparently reinforced in the contact with the generalate, of which Van Gestel, the regional

assistant for the 'German' provinces, was a member. In 1951 the then provincial Kolfshoten wrote to Van Gestel in Rome about a (further undisclosed) 'ill-fated incident involving an otherwise excellent brother' at Canisius College in Nijmegen who had concealed what qualified as a sin, but had authorized his father confessor to speak to the provincial about it. The brother had asked to be relieved of his vows. Kolfshoten asked Van Gestel 'whether there might be a neurotic predisposition' which would lessen the gravity of the sin and whether a psychiatrist could do anything to help. Van Gestel was diametrically opposed to the idea.¹³¹ Kolfshoten himself also responded more sharply when Ellerbeck recommended psychoanalysis for a gifted brother whom he diagnosed with 'organic neuroses'. The provincial made no attempt to conceal his irritation with Van Gestel in Rome: 'What that is exactly I couldn't say. That whole language of psychiatrists is mumbo-jumbo to me'. His aim was to let these people 'disappear' during their novitiate: 'I am most careful about having no neurasthenes in the society, and more and more of them seem to be coming.'¹³²

Ellerbeck and Van Kol were directly associated with the judgement meted out to Terruwe in the *Monitum* – a judgement which, according to Bless and Ruygers, had discredited an entire professional group. Ellerbeck had also chaired the fifth International Congress of Psychotherapy and Clinical Psychology in Rome in the spring of 1953, where, under the watchful eye of Pope Pius XII, the principles of Catholic mental healthcare were reconciled with the orthodox principles of the church.¹³³ Around that time, Ellerbeck also took the initiative to start a 'Catholic Dutch-Flemish Work Group for Psychotherapy' to represent doctors, psychiatrists and psychologists who observed the moral guidelines of the church in the development of mental healthcare and who wanted to continue to make the healthcare subordinate to the moral code. The Pastoral Orientation Committee declined to have any contact with this work group, which fizzled out in the mid-1950s.¹³⁴

The Heiloo Group and 'the difficulties of priests and seminarists'

In the Pastoral Orientation Committee individual themes were studied and prepared by study groups. Before long one of these groups had earned itself the nickname of the 'Heiloo Group'. With De Smet, Dijkhuis and Vaessen on this committee from 1958, the staff of the St Willibrordusstichting was strongly represented. The Heiloo Group studied 'the difficulties of priests'. This theme was directly related to the expertise that Heiloo had developed with priests suffering from psychiatric problems. Starting from 1959 'the mental hygiene implications of the seminary training' were studied. In 1961 De Smet and Dijkhuis held an introduction on the subject entitled 'the difficulties of priests and seminarists' for the entire Pastoral Orientation Committee.¹³⁵ The nature of these difficulties was diverse; in other words, they did not stop at priests and seminarists who had sexually abused minors, but extended to broader, more fundamental problems: the spiritual health of the governing body of the Roman Catholic church in the Netherlands.

The Heiloo Group investigated the social problems and the personalities of seminarists at the major seminaries in the Netherlands – both diocesan and religious. They were

inventoried by Dijkhuis and De Smet. Westhoff describes the research plans as basically 'innocent'.¹³⁶ But they were anything but. Any such investigation would inevitably entail a rationalization and analysis of what was still regarded by the ecclesiastical authorities as a matter for God alone. After all, a 'calling' to the priesthood came from God and could not be scientifically assessed. That task was reserved solely for God's representatives on earth, the bishops, and not doctors trained in psychiatry, who were laymen in the eyes of the Church and always would be. If this principle were abandoned, then laymen would come to play a central role in the internal organization of the Roman Catholic Church. And that would breach the basic hierarchical relationships between the priesthood and the laity, as established under canonical law.

Church documents since 1950 leave no doubts about the sacred nature of the priesthood, nor about the importance of celibacy as one of the pillars – which marks the hierarchical division between office bearers and the Roman Catholic faithful.¹³⁷ The eminence of the priesthood, Pius XII conceded, merited a better selection of candidates. Catholic doctors might be involved in this selection but the arguments about the role of psychiatrists in the selection and care of priests and members of religious orders in some Western European countries reflected great ambivalence.¹³⁸

In the summer of 1956 the Dutch bishops were again reminded of the Magna Equidem of the end of 1955.¹³⁹ the selection, training and education of seminarists was an ecclesiastical-clerical matter under the authority of the bishops. In 1960 a letter was sent to all bishops worldwide of the Congregation of the Seminaries and University Studies. It highlighted again that the problems around the recruitment and selection of candidate priests were not confined to the Netherlands – the question was also becoming ever more urgent since the group of priests 'in difficulties' was growing. The letter made it abundantly clear that 'neurotics' were unsuitable for the priesthood. Of course, vocations had to be tested, but in the context of the seminary and by the teachers who worked there – priests who were unequivocally continuing the 'formative work of the Saviour'. That test had to be directed at learning to recognize God's will. Advice could be sought from specialists, for example, to ascertain spiritual or physical immaturity. When external experts were called in, there must be no scope for theories or practices that conflicted with the moral teachings of the Roman Catholic Church.¹⁴⁰ The *Institutio Religiosorum* directive of 1961, issued by the Roman Congregation for the Religious Orders and intended for the major superiors, also emphasized more efficient selection as a means of preventing departures. Anyone who wished to join the priesthood or a religious order should know the obligations of such a state. That was often not the case and the ignorance was particularly evident when it came to mandatory celibacy. Chastity was required and anyone who failed to remain chaste during the training could not be admitted to a religious order. Masturbation was also a barrier to admission to the novitiate. Sexual activities could only be excused in the case of 'temptation'.

Such demands, in effect, built a barrier that prevented the development of insights into 'physical maturity' from the perspective of mental healthcare. Psychiatrists in the Netherlands had contributed to a wider vision of sexuality as 'an integrating and integrated part of the overall development of the person' not just through the hands-on treatment of priests and members of religious orders – which escaped the research agenda of the Commission of Inquiry – but also through the Pastoral Orientation Committee and in direct contact with staff and students from major seminaries. For example, in January 1957, the previously mentioned Utrecht psychiatrist Kees Trimbos participated in the Magna Equidem discussions in Dijnseburg where some of the priests from the Archdiocese of Utrecht had been trained. During these discussions it was explicitly stipulated that the norm of proven chastity imposed by the Roman Catholic Church through total abstinence from sexual acts was definitely not endorsed by representatives from the field of mental healthcare. That abstinence, they warned, was not an indication of a *habitus castitatis* (state of chastity), which solved the problem of chastity for priests in the way the church wanted, but rather the disquieting opposite: a sign of infantility, 'important intra-psychological structures that have not matured'.¹⁴¹ Essentially, experts such as Trimbos were arguing for the separation of vocation, which was taking up so much of the church's attention, from 'sexual difficulties', which did not signify a lack of vocation but rather a need for expert advice.

The governors in the ecclesiastical province of the Netherlands were prepared to listen to such advice and take it seriously. Ever since the mid-1950s, when requested, psychiatrists had advised ecclesiastical and religious leaders on the suitability of candidates for the priesthood or monastic life. Similarly, when a priest or member of a religious order experienced difficulties the same leaders called in psychiatrists to advise them whether the individual in question should stay or would be better off returning to the "world". Psychiatrists fulfilled the role of experts, which was restricted to members of the clergy in the formal ecclesiastical context. It was precisely this – the involvement of lay Catholics in questions affecting church governance – that the Holy See tried to stamp out in the 1960s.¹⁴²

In the Netherlands this practice continued to run into strong resistance internationally to the involvement of psychologists and psychiatrists in the assessment and guidance of seminarists and priests. This state of affairs was underlined again in 1961 when the Holy See forbade seminary students from seeking assessments from 'psychoanalysts'.¹⁴³ The string of directives from Rome were probably to blame for the lack of cooperation that Dijkhuis encountered during his research and for the fact that, in 1963, the only welcome that he received was from the major seminary of the Diocese of Roermond and the Albertinum Dominican theological college in Nijmegen.¹⁴⁴ The findings, published in 1966, were based on research at four training courses. He had examined a total of one hundred and sixty seminarists and concluded that the main problems were disturbances in emotional development. He traced the causes to the parental environment, describing it as somewhat closed, protective and conservative. In the process he highlighted the need to adapt the

training so that problems relating to emotional development could be prevented in the future.

Support for priests and members of religious orders anchored in CAPER

In 1967 the central advisory agency for priests and members of religious orders or congregations (Centraal Adviesbureau voor Priesters en Religieuzen; CAPER) was set up in Utrecht. CAPER was the last stage in the negotiations in which the Dutch bishops, the praesidium of the foundation for Dutch religious priests (Stichting Nederlandse Priesterreligieuzen) and representatives of the Catholic National Centre for Mental Healthcare had been engaged since 1963. CAPER's first director was Nico Vendrik, priest in the Archdiocese of Utrecht who had broad experience as a student pastor and – not unimportant – had sat on the Pastoral Orientation Committee from 1954.

CAPER's target group was priests and members of religious orders. Its aim was to provide 'profound and expert help for priests and members of religious orders who were facing – or would face – a crisis in the way they experience their office or religious state'. The reports in the press said that these crises could stem from their 'working and living environment' which could trigger 'serious tensions that could be exacerbated in different cases by the celibate life'. The truth was that the Church and the Faith were in the throes of a 'general crisis' in the modern world. Assistance was being offered to individuals who had already left the priesthood or holy orders, to those who were thinking of leaving, and to those who did not want to leave but had no idea how to proceed farther. The third group was described as a product of the church renewal, which had made countless priests and brothers feel disoriented in their lives, their work and their personal vision of their life's mission. 'The aim is to support priests and members of religious orders so that they can make the most mature decision possible and come to terms with its consequences.'¹⁴⁵

In the run-up to CAPER the bishops thought mainly in terms of 'problems of faith',¹⁴⁶ which covered a wide group with unspecified mental difficulties and which may have included perpetrators of sexual abuse of minors. The position that ecclesiastical and religious leaders adopted before CAPER shows how they interpreted and expressed their personal responsibility in these matters. It is virtually impossible to disentangle this position from the international pressure that the Roman Catholic Church was putting on persons in authority to retain control of everything that impinged on their own ecclesiastical territory and, under no circumstances, to pass it on to lay professionals.

The run-up began in 1964 with preliminary recommendations from the Catholic National Centre for Mental Healthcare, drawn up by a staunch think tank made up of priests and a few lay experts.¹⁴⁷ Bless and the Heiloo psychiatrist De Smet were part of this think tank. It was they who, together with the chairman, A.A.M Sanders, priest from the Diocese of Rotterdam, headed the talks with the bishops (usually Alfrink together with Monsignor G. de Vet from Breda) and the praesidium of the Association of Religious Priests in the

Netherlands, with the Dominican Frans van Waesberge as chariman.¹⁴⁸ Sanders was rector of the Piusconvict, a boarding house for student priests from all dioceses who were studying in Nijmegen. Until the early 1950s he had been rector of the St Jacobus Foundation in Wassenaar, a Roman Catholic institution for psychiatric patients.

These preliminary recommendations are particularly interesting from a governance perspective as they question whether ecclesiastical and religious leaders are the best counsellors for priests and members of religious orders who are experiencing problems. In their position it might be more prudent to transfer the responsibility for priests in difficulties (this was about priests, not members of religious orders) to an external institution. If governance, pastoral or even personal problems were affecting the lives of priests under the direct authority of the bishop, the diocese might not be the best place to seek help. What is more, priests are sometimes better served by lawyers, psychologists, psychiatrists or doctors. According to the think tank, the agency that was proposed in the preliminary recommendations should be outside the ecclesiastical hierarchy and function independently of the bishops, who would then have their hands free towards 'Rome' and others.

The bishops refused to relinquish the care for their own priests. They specified three types of support: spiritual, psychological and social. The first type, 'spiritual support' they regarded as their own responsibility. Indeed, Archbishop Alfrink explicitly registered his objections to the think tank's plan at the Conference of Bishops on 24 August 1965, saying that it depended too heavily on the principles of mental healthcare and not enough on the 'actual responsibilities towards the priests'.¹⁴⁹ If it were left to the bishops, they would join forces with the major superiors and designate 'a number of priests' to give 'spiritual help to their fellow-priests' on their behalf, if desired. Aside from that, an 'agency for psychological and social support' should be set up for the same priests to fall back on. It would be run by a board of representatives from the episcopate, the Association of Dutch Religious Priests in the Netherlands and the Catholic National Centre for Mental Healthcare.

The determination of the bishops and the major superiors to retain responsibility for the new type of support was also connected with 'the secretum': what happened in the lives of priests and members of religious orders was confidential. Hence, requests for support must preferably be passed on to experienced priests. Mention was also made of the tension between the responsibility (of bishops and major superiors) and confidentiality (from the perspective of the priests). The bishops had to be kept informed in order to discharge their responsibilities and to avoid confrontation after the event.

The board of the Catholic National Centre for Mental Healthcare felt that some of this support lay, quite simply, outside the competence of the bishops. The guarantee that it was well organized 'from the mental hygiene perspective' stemmed from the fact that, eventually, the Centre was allowed to send three representatives and not two to the board of CAPER. One of them was Nico Vendrik, who soon realized that CAPER's ambition to become a central organization with nationwide allure would run aground on the

administrative autonomy of the individual bishops. He submitted a basic plan for a regional approach: a list for each province comprising in total 32 Catholic psychiatrists and psychologists and 41 pastoral counsellors, most of them from the clergy.¹⁵⁰ That way, he tried to find a way around the multidisciplinary nature of the task, the wide-ranging requirements, the need to tune into the field of mental healthcare and, finally, the freedom of ecclesiastical and religious leaders – and of the clients themselves starting from the mid-1970s – to choose specific kinds of support and providers. CAPER served as a helpdesk and a guide.

The first decade of CAPER's existence coincided with a increase in the number of departures from the priesthood and religious life. Because it assisted individuals who were taking this traumatic step CAPER soon earned itself the reputation of an agency for departure counselling. At the end of the 1970s CAPER found itself at the centre of a furore following allegations by Bishop Gijsen of Roermond that most of its work consisted of giving sexual counselling to clerics. From the 1980s there was a change in the kind of problems for which, in the main, members of religious orders, women as well as men (in fact women were in the majority), sought help from CAPER. These problems no longer related to the state of their lives or their mission, but were much more 'commonplace' pertaining to depression and feelings of loneliness, emptiness or worthlessness.¹⁵¹

From the mid-1970s CAPER had also helped 'members of religious orders who were experiencing difficulties with life' to find their way to mainstream mental healthcare facilities. Supreme importance was accorded to 'freedom of choice' and 'privacy'. Anyone who wished to visit a care worker or an agency for family or personal problems without the knowledge of his superior could arrange to do so via CAPER, which would then send the bill to the order or congregation without stating the name of the client.¹⁵² This more or less brought an end to the confidential relationship between ecclesiastical and religious leaders and treatment providers, which had been virtually taken for granted since the 1950s.¹⁵³

Shift in interests

The explicit efforts of the 1960s to bring the Roman Catholic Church worldwide into the modern world were not accompanied by an *aggiornamento* of the priesthood.¹⁵⁴ The *Sacerdotalis Caelibatus* encyclical of Pope Paul VI in 1967 left no doubt whatsoever on that front. The clerical job profile could be modified but the demands placed on men of God – including celibacy – were unchanged. The separation of the priesthood from celibacy, which the ecclesiastical province of the Netherlands had explicitly argued for at the last session of the Pastoral Council in Noordwijkerhout in 1970, was absolutely out of the question. However, the embarrassment of the church authorities was compounded by the significant increase in the number of departures from the priesthood and religious orders and particularly by the publicity they received.¹⁵⁵

This embarrassment was to some extent assuaged by the exposition on a better selection of candidates, as demanded by Rome in numerous ecclesiastical documents in the 1950s. At the end of the 1960s this became intertwined with instruments for the assessment and selection of seminarists, which had been provided by a group of psychiatrists and psychologists who enjoyed the trust of ecclesiastical and religious leaders. Ironically, one of them was Anna Terruwe, whose psychotherapeutic practice was denounced in 1956 by the Holy See, but whose work, translated into English, was warmly embraced in ecclesiastical and religious circles in the US from the early 1960s. In an evaluation, which she was invited to hold with the Dutch-American psychiatrist Conrad Baars (1919-1981) for the Synod of Bishops in Rome in 1970¹⁵⁶, they both estimated, on the basis of their experience of treating priests, seminarists and members of religious orders, that 20 to 25 percent of American priests had serious psychiatric problems. They reckoned that between 60 and 70 percent suffered from 'spiritual immaturity', which was defined more precisely as psychosexual immaturity. These problems came to light because the men did not remain celibate but were heterosexually or homosexually active.¹⁵⁷ Baars, who had translated Terruwe's work into English, was present at the establishment of the House of Affirmation in Whitinsville, Massachusetts, an international treatment centre for priests and members of religious orders where – it emerged later – perpetrators of sexual abuse with minors were also treated.¹⁵⁸ The centre was given a festive opening by Cardinal Alfrink in 1974, who used the occasion to lay a direct link between the centre and the 'modern psychological knowledge and experience of the Dutch psychiatrist Dr A. Terruwe from Nijmegen'.¹⁵⁹

In the 1970s the psychiatric assessment and treatment of priests, seminarists, novices and members of religious orders in the Netherlands moved from the intramural to the extra-mural circuit. Priests and members of religious orders could choose their treatment provider, even if the treatment was a condition of a suspended sentence or provisional dismissal involving the sexual abuse of minors.

An impression exists that the choices were influenced not only by the nature of the problems, but possibly also by the treatment providers' experience of this specific category of clients and the demands of a life as a priest or a member of religious order. It is, for example, known that Van Terruwe and Baars stood unequivocally on the side of the ecclesiastical hierarchy; that, for them, the Catholic Church without priests was unthinkable and that they had every confidence that it was possible to treat a diagnosis of 'spiritual immaturity'. They believed they could reverse the 'clerical drop-out' that stemmed from what they regarded as emotionally underdeveloped spirituality. They did not question celibacy as such, but rather the ability of individual men to lead their lives in accordance with this obligation.

These provisional findings cannot be generalized to other treatment providers who were recognized as or called themselves Catholic. What is clear is that members of religious orders and their superiors preferred CAPER while bishops preferred a select group of therapists,

most of whom had been trained in psychology or psychotherapy. It seems that psychiatrists were called in far less than in the 1950s and 1960s. The tension between the professional expertise of care providers and the interests of the church authorities in the care requirements of perpetrators of sexual abuse from within their own ranks runs like a constant thread through this study. Whether this tension was resolved after the 1960s is open to question.

In conclusion

The archive search revealed that ecclesiastical and religious leaders had been making use of psychiatric expertise since the 1930s when they were experiencing problems with priests or members of religious orders under their authority – problems which were defined as ‘psychological’ or ‘psychiatric’ according to standards of the time. These also included cases of sexual abuse of minors. Other perpetrators of such inappropriate behaviour, who were not priests or members of religious orders, but still came from Roman Catholic circles were admitted to psychiatric institutions. At this point, psychiatry impinged directly on the administration of correctional justice. Research has shown that these admissions were usually short.¹⁶⁰ This chimes with information from the archive search about the placement of clerical and religious perpetrators of child sex abuse in psychiatric institutions. The costs of such placements, usually in a designated or open first-class unit, were paid by the respective diocese or order.

During 1945-1970 ecclesiastical and religious leaders had the authority to send priests and members of the order to a psychiatrist. However, within the hierarchy that existed at that time, priests and members were not free to consult therapists without informing their superiors. This changed after the mid-1970s because superiors, under the influence of the mental healthcare guidelines, had to think about guaranteeing the privacy of priests and members who consulted doctors, psychologists and psychiatrists about psycho-social or psychiatric problems. This more or less ended the customary relationship of trust and relative openness in the communication between treatment providers and ecclesiastical and religious governors.

From the 1950s, the church authorities, by drawing on the expertise of Roman Catholic psychiatrists, broadened their range of response to in-patient observation and examination and institutional nursing and treatment. Since then, the medico-psychiatric assessment and treatment of perpetrators of sexual abuse was part of the approach and response of the governing bodies of the Roman Catholic Church to the sexual abuse of minors by their core members. Treatment programmes were implemented for cases of serious or chronic dysfunctionality, which were not limited to the sexual abuse of minors. Other problems or syndromes (work-related problems, neurotic behaviour, alcoholism) could also be tackled by calling in professional psychiatrists. The archive search for the Commission of Inquiry revealed that reports of psychiatric examination or treatment did not always imply the sexual abuse of minors.

A programme of psychiatric treatment – intramural or extramural – resulted in the medicalization of cases of inappropriate behaviour by priests or members of religious orders towards minors. This development could contribute to the decriminalization of acts that were punishable under Dutch law – regardless of the state or status of the perpetrator.¹⁶¹ But decriminalization would only come into play if no charges were brought by the victims or their parents. However, from the 1950s, if charges were actually brought and if the police investigation was followed by a public prosecution, the public prosecutor and the court could demand a psychiatric assessment and treatment programme as part of the ruling on sex offences.¹⁶² Neither the state nor the status nor the religious background of the perpetrator played a role in this.¹⁶³ Such assessments and programmes could be demanded by the prosecution service and also imposed by the court in combination with detention, a provisional sentence or a provisional dismissal.¹⁶⁴ In such cases there is no question of the decriminalization of inappropriate behaviour with minors, but of psychiatric treatment as part of a (provisional) sentence which also aims at the rehabilitation of the perpetrator.

There were divided responsibilities in the advice that psychiatrists gave to ecclesiastical and religious leaders. As members of the medical profession the psychiatrists were bound by patient confidentiality and professional secrecy, whereas the church governors were bound by official secrecy and an administrative and organizational duty of care that stretched beyond the individuals concerned. The connection between professional secrecy on the one hand and official secrecy on the other in the exchanges between psychiatrists and ecclesiastical and religious governors may go some way to explaining why people refer to a 'closed culture' in the United States. This did not automatically apply to the Netherlands as well; after all, leading Catholic psychiatrists in the Netherlands did lobby publicly in the 1950s for better mental healthcare facilities. With this ambition in the forefront of their minds they had no qualms about taking the church, the authorities and the internal confessional culture to task in full view of society.

The written information on patients who were also priests or members of religious orders which the treatment providers passed on to the church leaders was always open, direct and very detailed. It is difficult say just how far this constituted a violation of professional secrecy in the context at that time. The frank and candid exchange between the church governors and the psychiatrists was accompanied by absolute discretion, which was practically relevant with a view to possible reassignment. It was through psychiatry that ideas relating to treatability, cures and rehabilitation were introduced – processes that benefited from discretion, given the state of scientific knowledge at that time.

It has also been firmly established that the actions of the church governors in 1945-1970 were directed largely at the perpetrators and their problems and paid little or no attention to the victims and psycho-somatic consequences of the abuse. This applies to the societal and judicial approach to sex offences in general and not specifically to the Roman Catholic context which was the focus of the study. However, it should also be said that, since the first

half of the 1950s, the expertise of Catholic psychiatrists has helped to make some ecclesiastical and religious governors more alert to signs of damage among victims.

This study gives no answer to the question whether the enlistment of psychiatric expertise was a permanent factor in the approach and response of ecclesiastical and religious authorities to the sexual abuse of minors by representatives of the Roman Catholic Church. The findings do point to a growing ambivalence in the governing bodies at the highest (Roman) level with regard to this practice. This ambivalence led ecclesiastical and religious governors in the Netherlands to exercise more caution in the late 1960s about seeking advice from lay experts such as psychiatrists and psychologists. This caution was connected with the growing vulnerability of the Church and its offices to public criticism, which was fuelled by the fact that Rome was sailing against the tide of public opinion by upholding a sacramental vision of the priesthood with celibacy as the keystone. Against the background of inter-ecclesiastical polarization, protection of the institution and the office – unquestionably a governance motive of some magnitude in the 1950s and 1960s – acquired a truly existential meaning from the 1970s.¹⁶⁵

NOTES

1. This essay is based partly on data collected by the team that carried out the archive search for the Commission of Inquiry. I am deeply indebted to Jan Bank, Maarten van Boven, Ton Kappelhof, Paul Koedijk, Huib Leeuwenberg, Harrie-Jan Metselaars, Karlijn Olijslager, Hans de Valk, Gerrit Valk and Joos van Vugt. I would also like to thank Jan Bank, Ton Kappelhof, Hans de Valk, Gerrit Valk and Nel Draijer for their constructive comments on an earlier version. The foundations for this research were laid in conversations with Annelies van Heijst, who put me in touch with Goos Zwanikken and Joke Zwanikken-Leenders, who spared the time to meet me for detailed interviews on 29 October 2010.
2. Thomas Doyle, A.W. R. Sipe and Patrick J. Wall, *Sex, Priests, and Secret Codes. The Catholic Church's 2,000-Year Paper Trail of Sexual Abuse* (2006) refers briefly to a non-ecclesiastical shell of psychiatric experts. See also *Celibacy in Crisis. A Secret World Revisited*, 2003, by psychotherapist and former priest Richard Sipe, which is based on years of experience of counselling priests.
3. Doyle, Sipe and Wall, *Sex, Priests, and Secret Codes*, cite 1962 as the year in which the 'institutional secrecy' surrounding the sexual activities of priests and members of religious orders with minors could no longer be maintained. This change was the result of legislative amendments in individual US states, whereby anyone with knowledge of child sex abuse was obliged to report it to the proper authorities. By 1968 the amendment had been adopted by almost all states. It was put into effect by the federal government in 1974.
4. The Servants of the Paraclete were founded with the specific aim of providing treatment for priests with mental health problems. In the 1950s and 1960s clerical perpetrators of child sex abuse were also admitted to and treated in their institutions (Via Coeli, Jemez Springs, New Mexico and Our Lady of the Snows, Nevis, Minnesota). Some correspondence on this matter between Fitzgerald and the bishops responsible for these men (1952-1966) can be found in the appendices, Doyle et al., *Sex, Priests, and Secret Codes*, pp. 301-308. See also Philip Jenkins, *Paedophiles and Priests. Anatomy of a Contemporary Crisis*, 1995; 2000. Jenkins sets the record straight by explaining in the introduction to the edition of 2000 that the

monastery of the Servants of the Paraclete in Jemez Springs was not a 'treatment facility' but a place for housing abusers from the clergy who were receiving psychiatric treatment or psychotherapy elsewhere.

5. Joep Dohmen, *Vrome zondaars. Misbruik in de Rooms-Katholieke Kerk*, 2010, points to the involvement of psychiatrists in a few cases. Annelies van Heijst, Marjet Derks and Marit Monteiro, *Ex Caritate. Kloosterleven, apostolaat en nieuwe spirit van actieve vrouwelijke religieuzen in Nederland in de 19e en 20e eeuw*, 2010, pp. 1039-1042, draw attention to the role of the (unnamed) St Willibrordusstichting psychiatric hospital in Heiloo in the assistance given to a Flemish priest convicted of sexual abuse. Thanks to new material, further details of this case were added in Chapter 4 of the report by the Commission of Inquiry. Finally, in the spring of 2011, the Conference of Bishops in the Federal Republic of Germany commissioned a team of former magistrates to investigate the personnel files of priests from the 27 German dioceses. This investigation is being carried out by the Criminological Research Institute of Lower Saxony headed by criminologist Christian Pfeiffer. The files have been selected by the respective diocesan archivists, who are also responsible for the anonymization of the documents. Hence, the Germany inquiry is subject to far more limitations than the official Dutch inquiry. A parallel investigation has been announced by the German bishops led by Professor Norbert Leygraf of the Institute for Forensic Psychiatry at the University of Duisburg-Essen. Under the same anonymization conditions a selection will be made of very recent cases from 2000-2010 in which psychiatric and psychological reports were compiled on priest-perpetrators. This investigation should enhance the knowledge of psychological disorders, sexual development and biographical connections among priest-perpetrators.
6. The Executive Boards of the Mental Health Service for the northern region of the province of Noord Holland and Oost Brabant allowed the Commission of Inquiry access to some historical patient records to assist with the inquiry into sexual abuse of minors by representatives of the Roman Catholic Church in the Netherlands. They conceded to the request because of the academic nature of the research and under the condition that patient anonymity was guaranteed.
7. Joost Vijselaar, *Het gesticht: enkele reis of retour*, 2010, pp. 316-318, 12. See also Commissie voor de Geschiedenis van de Geestelijke Gezondheidszorg (Nederlands Centrum Geestelijke Gezondheidszorg, Note concerning regulations for the retention of historical patient files, 1989 (in Dutch)). Cf. Giel Hutschemaekers, *Neurosen in Nederland. Vijfentachtig jaar psychisch en maatschappelijk onbehagen*, 1990, who analysed more than 5,400 patient files, the majority from institutional archives (institutions and (university) clinics).
8. This corresponds with the findings of Agnès Desmazières, *L'inconscient au paradis. Comment les catholiques ont reçu la psychanalyse*, 2011, Chapter 8.
9. The following case – unless otherwise indicated – is based on the detailed personnel file of this priest and on his files in the Secret Archives of the Diocese of Roermond. It was also possible to consult the file in the St Willibrordusstichting in Heiloo.
10. The Commission of Inquiry points out that this term, when applied in connection with sex offences, should be understood in the sense assigned to it until at least the 1960s. Those who had committed indecent acts with minors of the same sex aged between sixteen and twenty-one (punishable under Section 248, Dutch Penal Code) were consistently defined as homosexual. A distinction was drawn between congenital homosexuality and so-called pseudo-homosexuality. The latter was described as opportunistic or necessitated sexuality whereby someone could be 'seduced' or 'infected' but it could be 'unlearned'. That is why the age limit was so high in criminal law: boys and young men who had been 'seduced' by homosexual contacts had to get a chance to develop as 'normal' heterosexual males (see Anna Tijsseling, *Schuldige seks. Homoseksuele zedendelicten rond om de Duitse bezettingstijd*, s.l. 2009). The line that separated homosexuality from paedo-homosexuality was not always clear-cut in the 1950s. This is evident, for example, in the work of the Roman Catholic psychiatrist F.M. Havermans in *Opstellen over forensische psychiatrie*, (1956, first

printed 1951). For an account of homosexuality in relation to paedosexual orientation and/or acts see Harry Oosterhuis, *Homoseksualiteit in Nederland. Een sociale geschiedenis 1900-1970* (1992), esp. Chapter 4; cf. Theo van der Meer, *Modernizing Categories. Separating Homosexuality and Paedophilia in the 1950 's in Holland*, Paper at Conference on Post-war Homosexual Politics: 1945-1970, 2-4 Aug 2007.

11. F. Havermans, *Beknopte psychiatrie voor sociaal werkenden*, 1940, pp. 104-126.
12. E.A.D.E. Carp, *Sexuele misdadigheid*, 1949, p. 115.
13. J. Wilschut, *Tussen psychiatrie en filosofie. De dynamische psychiatrie van Eugène A.D.E. Carp (1895-1963)*, p. 29.
14. E.g. 'De Psycho-Analyse als vorm van Psychotherapie', *rk Artsenblad* nr 13,1 pp. 1-18, (1934).
15. Wilschut, *Tussen psychiatrie en filosofie*, pp. 22-23 and 86-93.
16. (2nd revised edition in 1941, 3rd revised edition in 1948).
17. Carp, *De psychopathieën*, 1934, pp. 16-23 and 32.
18. *Ibid.*, pp. 2-3.
19. *Ibid.*, p. 4.
20. *Ibid.*, pp. 11, 32.
21. Carp, *De psychopathieën*, p. 483.
22. Kees Schuyt, *Het spoor terug. J.B. Charles W.H. Nagel 1910-1983*, 2010, pp. 359-362. Nagel tried to establish a connection between damage to the rule of law caused by an offence and the victim(s).
23. Diocese of Haarlem, Secret Archives, file B., *Psychiatric report (in Dutch) by Dr Barnhoorn (1945)*.
24. Vol. XLIX, pp 283-293.
25. *Ibid.*, p. 287.
26. Catholic Documentation Centre, 'Collectie LARC 7038, letter from P. Wijte (curate in *Uitgeest*), to Van Deursen, president of the major seminary in Warmond, 17 March 1956 and his answer, 5 February 1956 (in Dutch).
27. Catholic Documentation Centre, 'Stokman Archive', inv. no. 403 (in Dutch).
28. Carp, *De psychopathieën*, pp. 497-498.
29. *Ibid.*, p. 497.
30. *Ibid.*, p. 499. Carp refers with the requisite caution to the Swiss inquiry (by Strasser, 1927) which indicated that 67 percent of sex offenders who had been placed on probation did not lapse into recidivism compared with 13 percent who did.
31. *Ibid.*, p. 505.
32. *Ibid.*, p. 506-507: Carp explicitly declined to go into the 'eugenic aspects' of this invasive procedure. What mattered to him was the advisability of castration from a psychiatric perspective.
33. Oosterhuis, *Homoseksualiteit in Nederland*, p. 79.
34. Historian Theo van der Meer conducted research on castration as a form of 'treatment' for sex offenders between the 1930s and the late 1960s. I am much indebted to him for information and advice for this part of the study. Van der Meer ascertained that more than four hundred men were castrated during this period. He claims that after TBR was introduced in the 'psychopath legislation' of 1928 the pressure on places in 'psychopath asylums' was so high that castration was explicitly proposed as an alternative 'treatment'. In theory, sex offenders who had been sentenced to TBR and were diagnosed as 'incurable' had to spend the rest of their lives in such an institution. That cost space and money. Under political pressure the Ministry of Justice introduced a dispensation for castration whereby the emphasis rested on the therapeutic aspects of the procedure and any connection with punishment or sentencing was avoided. The argument was that this procedure could solve the psychiatric cause of sexual offences.
35. Van der Meer concludes from an analysis of patient files that Carp's guidelines (voluntariness and awareness of the consequences of the surgery) were not always followed. Almost 80% of

the men who underwent castration met the current definition of paedophile. In 40% of cases these were men who were found guilty of molesting young girls, 37% involved inappropriate behaviour with young males (Section 247 of the Dutch Penal Code: inappropriate behaviour with males under the age of sixteen). Theo van der Meer, "Vrijwillige" en "therapeutische" castratie van TBR-verpleegden, 1938-1968. Een veroordeling tot tbr en de verdere lotgevallen van de verpleegde', In: E.C. Coppens e.a. (eds.), *Fabrica Iuris. Opstellen over de 'werkplaats van het recht' aangeboden aan Sjoerd Faber*, 2009, pp. 303-329, and 'Eugenic and Sexual Folklores and the Castration of Sex Offenders in the Netherlands (1938-1968)', *Studies in History and Philosophy of Biological and Biomedical Science*, no 39, pp. 195-204, (2008).

36. Carp, *De psychopathieën*, pp. 508 (quote)- 509.

37. *Ibid.*, pp. 510-511.

38. He was not the only priest in this diocese to undergo this procedure. It was also carried out on a priest who was found guilty of indecent behaviour with young boys at a school in Pey-Echt in the early 1950s. The case was investigated by the court and forensic psychiatrist, G. Janssens (medical director of Voorburg, Vught), advised castration in the interests of both the priest and society. Cf. Oosterhuis, *Homoseksualiteit in Nederland*, pp. 8082: six of the seventy castrations discussed by Catholic psychiatrist A.J.A.M. Wijffels in his thesis concerned priests or members of religious orders. Wijffels worked in the St Willibrordusstichting psychiatric hospital in Heiloo and defended his thesis under the tutelage of Carp. Oosterhuis writes that treatment for sexual misdemeanours did not stand in the way of (reassignment to) duties as a priest. One man became a priest after castration while another who was already a priest and had sexually molested boys was allowed to return to priestly duties after castration.

39. *Ibid.*, pp. 80-81.

40. Van der Meer, 'Vrijwillige' en 'therapeutische' castratie.

41. Archives of the Diocese of Roermond, inv. nr. 543.1 (Geestelijke volksgezondheid), note by Feron, dated 18 September 1953, entitled 'Verblijf van zielszieke priesters' (hospitalization of mentally ill priests). For the stigmatization of neurotics, see Hutschemaekers, *Neurosen*.

42. In Éditions Beyaert te Brugge under the title *Traité de psychiatrie psycho-pathologie-morale thérapeutique-direction* (translated by P. Ghysaert). Reissued in 1938, 1951 and 1958.

43. Entitled *Psiquiatria pastoral*, published by Editorial Razon y Fe (Ediciones Fax), Madrid.

44. *Inter alia* in *Divus Thomas* (1942) and *Ephemerides theologicae lovanienses*, 1937, 1951.

45. Cf. Desmazières, *L'inconscient au paradis*, pp. 134-135.

46. Westhoff, *Geestelijke bevrijders*, pp. 112-113.

47. Archive of the Conference of Bishops, 'Minutes of the Conference of Bishops in Breda, agenda item 6', (in Dutch) 4 and 5 September 1951.

48. 'Over Roeping en psychose', *Nederlandse Katholieke Stemmen* 37, pp. 164-174, 199-206 (1937). His archive, which is kept in the Catholic Documentation Centre in Nijmegen contains a similar plea (undated, possibly 1950s): 'Psychiatrische keuring van de geestelijke stand' (inv. nr. 148).

49. Archives of the Diocese of Roermond, inv. nr. 543.1 (Geestelijke volksgezondheid), 'Letter from Monsignor Lemmens to the archbishops and fellow-bishops' (in Dutch), 13 January 1954.

50. Archives of the Diocese of Roermond, 'Letter from Geerdinck to Alfrink about the Bless Report' (in Dutch), 9 February 1954.

51. See also Jan Jacobs, *Werken in een dwarsverband. Een portret van de gezamenlijke Nederlandse priesterreligieuzen 1840-2004* (2010), pp. 352-353. Unlike the Commission of Inquiry, Jacobs had no access to the reports of the Conferences of Dutch Bishops for his research on the Association of Religious Priests in the Netherlands.

52. There is no clear-cut distinction between geriatric and psychiatric disorders in the Bless Report. Bless did, however, say that his investigation did not include priests whom he

classified as 'senile' and priests who had been admitted to charitable institutions such as St Joseph in Heel (run by the brothers of St Joseph).

53. Archives of the Diocese of Roermond, 'Letter from Geerdinck to Alfrink about the Bless Report' (in Dutch), 9 February 1954. Cf. Archive of the Conference of Bishops, Minutes of the Conference of Bishops in Utrecht, 13 and 14 December 1948 (agenda item 21) (in Dutch): the bishops were already discussing psychiatric treatment for clerics in the preparations for the establishment of the Central Catholic Association for Public Mental Health.
54. Archives of the Diocese of Roermond, letter from Geerdinck to Alfrink about the Bless Report (in Dutch), 9 February 1954.
55. Archive of the Conference of Religious in the Netherlands, SNPR Collection, Circulars File 1952-1957.
56. Said by the chairman, the Jesuit Kolfshoten.
57. See Chapter 4 of the final report by the Commission of Inquiry.
58. Archive of the Conference of Religious in the Netherlands, SNPR Collection, Circulars File 1952-1957.
59. Desmazières, *L'inconscient au paradis*, pp. 221-222, describes this as a psycho-medical method of treatment for priests at a crisis in their lives which could trigger a scandal.
60. Archives, Archdiocese of Utrecht, inv. no. 1405.
61. Catharina Th. Bakker and Leonie de Goei, *Een bron van zorg en goede werken. Geschiedenis van de geestelijke gezondheidszorg in Noord-Holland*, 2002.
62. 'Het Zilveren Jubileum van de geneesheer-directeur: Dr. De Smet geridderd'. *Klaroen. Maandblad van de Sint-Willibrordusstichting*, July 1957, pp. 102-105, see p. 103. The Paulus Pavilion was closed in 1960 and the patients were moved to the newly opened Pompekliniek in Nijmegen.
63. Report of the (interconfessional) conference of R.C. spiritual counsellors employed in custodial institutions, 10 and 11 September at Drakenburgh (s.l. 1951), lecture by De Smet, pp. 4-17, see pp. 4 and 6.
64. Archives, Archdiocese of Utrecht, inv. no. 1405; see also the Archive of the Conference of Bishops, Minutes of the Conference of Bishops (in Dutch), 16/17 March 1955, agenda item 15.
65. Archives, Archdiocese of Utrecht, inv. no. 1405: a comparable response from J. Groot, vicar-general of the Diocese of Den Bosch, dated 10 March 1955, in which he re-asserts 'the freedom of the ecclesiastical authorities'.
66. Cf. Van der Meer, "'Vrijwillige" en "therapeutische" castratie': in 80 percent of the cases that he researched castration was performed on men that would nowadays be classified as paedophiles.
67. Archive of the Conference of Religious in the Netherlands, Collection SNPR, Circulars 1952-1957, circulars of February and 14 April 1955.
68. For the history of this institution see Marie-José Billekens et al., *100 jaar psychiatrie in Venray. Geschiedenis van de psychiatrische instellingen Sint-Anna en Sint-Servatius*, 2005.
69. This debate hinges on the relationship between the historically determined social subordination of Catholics on the one hand and crime on the other. See for a synopsis: H.P.M. Litjens, *De criminaliteit in Limburg. Een historisch overzicht*, 1973.
70. Published by J.J. Romen & Zonen, Roermond. A collection of the lectures that he had delivered to the local departments of the St Adelbert Association in Helmond and Venray, and for the Katholieke Kring in Eindhoven at the end of the 1940s.
71. The statutes of this organization were approved by the Dutch bishops in 1949. It also received a grant from them in the early 1950s.
72. The fairly laborious process in Roman Catholic circles is described by Westhoff in *Geestelijke bevrijders. For a history of mental health concepts and institutional development in the Netherlands see Leonie de Goei, De psychohygiënist. Psychiatrie, cultuurkritiek en de beweging voor geestelijke volksgezondheid in Nederland 1924-1970'*, 2001.

73. For a critical discussion of the statistics: cf. in A. Th.L.M. Mertens, 'Criminaliteit in Limburg' and 'Criminaliteit, moraliteit en geestelijke gezondheid', in *rk Artsenblad* 31 pp. 214-217 and 300-305 (1952).
74. Cf. Litjens, *De criminaliteit*, with the work of criminologist Willem Nagel, who had been studying the relationship between religion and crime since the 1930s. This theme was introduced to Dutch criminology by Willem Bongers, founder of what was then known as 'criminal sociology'. Nagel wrote his thesis about crime in Oss within this tradition (defended in Groningen in 1949). In 1961 he published again on the subject, *Criminality and Religion*, in *Social Compass* viii,i pp. 3-34 (1961). See also Schuyt, *Het spoor terug*, esp. pp. 208-214, 216.
75. Westhoff, *Geestelijke bevrijders*, pp. 162-163.
76. Cf. the review by lawyer E. Brongersma in *Te Elfder Ure* 1 pp. 30-32 (1954).
77. Havermans, *Over de criminaliteit onder katholieken*, p. 4.
78. *Ibid.*, 7-8.
79. *Statistics Netherlands, Criminele statistiek. Gevangenisstatistiek. Statistiek van de toepassing der kindwetten 1948 en 1949, 1951*, p. 16.
80. 'Mr. Kneepkens geeft voorkeur aan "stille getuigen"', *Utrechts Nieuwsblad*, 26 March 1949.
81. J. Godefroy and C. Thoen, 'Criminaliteit en Moraliteit onder Katholieken', *Social Compass* 1,2, pp. 1-12 (1953), followed by a response from Havermans: 'Nog Eens: Criminaliteit Onder Katholieken', *Social Compass* 2, 1, pp. 14-15 (1954).
82. 'Groeierende onrust', *Credo. Diocesaan Weekblad voor het bisdom Roermond* 5, 30 (24 July 1953).
83. Havermans, *Opstellen over forensische psychiatrie*.
84. Report of the (interconfessional) conference of R.C. spiritual counsellors employed at custodial institutions, Drakenburgh, 10 and 11 September (s.l. 1951). Havermans delivered a lecture entitled 'Over de onevenwichtige mens en zijn reacties op de detentie' (The unbalanced individual and his reaction to detention). He drew a distinction between a prison sentence and a court supervision order with conditions attached (TBR) based partly on a psychological assessment.
85. According to the patient files of this Jesuit, held by the Mental Health Service for the province of Oost-Brabant.
86. For this Havermans relied on Carp, *Sexueele misdadigheid*.
87. Dr F.M. Havermans, *Vijfduizend verdachten*, 1963.
88. Frans van Houtert, 'Kind aangerand', *Beatrijs* 23,5 (30 January 1965) and C. Bruyère, 'Onze kinderen. Zijn onze kinderen veilig?', *Beatrijs* 23,19 (8 May 1965). With thanks to Dr Marloes Hülksen.
89. For more information on this hierarchy see the ecclesiastical code: CIC, canon 491.
90. Desmazières, *L'inconscient au paradis*, Chapter 5.
91. *De verdringingstheorie beoordeeld van thomistisch standpunt* (1935).
92. See also the biographical entry (in Dutch) by J.P. de Valk: <http://www.inghist.nl/Onderzoek/Projecten/BNw/lemmata/bwn2/duynstee>
93. For a detailed exposition of this question: R.H.J. ter Meulen, *Ziel en zaligheid. De receptie van de psychologie en de psychoanalyse onder de katholieken in Nederland, 1900-1965*, 1988, Chapter 3. See also Lodewijk Winkeler, 'Verdringing van de moraal. De discussie rond het proefschrift van mev. dr. A.A. Terruwe'. In: *Jaarboek van het Katholiek Documentatie Centrum* 10, pp. 118-134 (1980); R. Abma, 'De katholieken en het psy-complex'. In: *Grafiet* 1 pp. 156-197 (1981-1982); Jan Brabers, *De faculteit der rechtsgeleerdheid van de Katholieke Universiteit Nijmegen 1923-1982*, Gerard Noodt Instituut, 1994, pp. 277-284 (largely from the perspective of Duynstee); Hanneke Westhoff, *Geestelijke bevrijders*, 1996, pp. 293-305 and Marit Monteiro, 'De "affaire Terruwe" - oftewel: actuele geschiedenis in de jaren 1960'. In: Theo Engelen, Onno Boonstra, Angélique Janssens (eds.), *Levenslopen in transformatie. Liber amicorum bij het afscheid van prf. dr. P.M.M. Klep*, 2011, pp. 148-159.

94. Archives, Archdiocese of Utrecht, Archive of the Conference of Bishops, Minutes (in Dutch), Conference of Bishops 28/29 September 1949, agenda item 21: the episcopate had asked the official from the archdiocese, Monsignor Felix van de Loo, to speak with Duynstee about 'Moraal en Psychotherapie' (morality and psychotherapy). Van der Loo was ill and unable to participate in the committee.
95. Archives, Diocese of Roermond, Secret Archives, Duynstee files, Cardinal Marchetti Selvaggiani, Secretary of the Holy See to the Archbishop of Utrecht, Cardinal De Jong, dated 12 December 1949.
96. The visitation of Sebastiaan Tromp on behalf of the Holy See in 1954-1955 illustrates, on the other hand, that this is not how things worked. The Dutch bishops were to all intents and purposes satisfied with the results of the inquiry by the committee headed by Feron, whereas Tromp took it further.
97. Archives, Diocese of Roermond, Secret Archives, Duynstee files, Cardinal Marchetti Selvaggiani, Secretary of the Holy See to the Archbishop of Utrecht, Cardinal De Jong, dated 12 December 1949. This places the question in a different light, i.e. a developing power struggle between 'Rome' and 'Utrecht' where it seems that the instructions of the Holy See were apparently no longer obeyed without question.
98. Archives, Diocese of Roermond, Secret Archives, Duynstee files, introductory lecture delivered by Duynstee in Roermond, 14 February 1950.
99. Archives, Diocese of Roermond, Secret Archives, Duynstee files, report submitted by Feron to the bishops on behalf of the Commission of Inquiry (salutation: 'My Lords'), dated 12 May 1950.
100. Westhoff, Geestelijke bevrijders.
101. 'Het priestelijk celibaat: enige psychisch-hygiënische beschouwingen', Nederlandse katholieke stemmen. Maandschrift voor theologie en zielzorg LI pp. 320-337 (1955).
102. 'Homosexualiteit en zielzorg', Nederlandse Katholieke Stemmen, xlix p. 283-293, see 287 (1953).
103. Information from the search of the archives of the Congregation of the Holy Sacrament (September 2011), stored in the archives of the Commission of Inquiry.
104. Punishable under Section 248, Dutch Penal Code.
105. According to the file on the priest, stored at the Mental Health Service for the northern region of the province of Noord Holland.
106. Information from the report of the archive search to the Diocese of Roermond (July 2011), stored in the archives of the Commission of Inquiry.
107. Ineke Merks-Brunschot, Broeders penitenten: 300 jaar 'Burgers in Pij' en de ontwikkeling van eigentijds vrijwilligerswerk in organisatie-sociologisch perspectief, 1996.
108. Archive of the Conference of Bishops. Minutes (in Dutch) of the Conference of Bishops in Utrecht on 9 and 10 July 1945, agenda item 13: mention is made of the Heerenhuis, as in the case from 1953, which follows below. From 1933 until it was demolished in 1978 the building that used to be known as the Heerenhuis was used for a different category of patient. Priests were placed in the designated or first-class open unit (privately paid nursing) in the Maria Pavilion (or Maria 1); this was in use until the late 1960s.
109. Irmtraud Götz von Olenhusen, Klerus und abweichendes Verhalten. Zur Sozialgeschichte katholischer Priester im 19. Jahrhundert: Die Erzdiözese Freiburg, 1995, pp. 118-119, 127-128.
110. Interview held by the Commission of Inquiry with Dr A.P.H. Meijers. The Hague, 23 September 2010.
111. Archives, Archdiocese of Utrecht, personal files of the priest.
112. Hans Bornewasser, '1953: "Honderd Jaar Kromstaf": kentering binnen de katholieke subcultuur'. In: Jurjen Vis and Wim Janse, Staf en storm. Het herstel van de bisschoppelijke hiërarchie in Nederland in 1853: actie en reactie, pp. 313-333 (2002); Luykx, P., 'Erger dan de

- Reformatie? Katholieken in de jaren vijftig'. In: idem and Slot (eds.), *Een stille revolutie*, pp. 67-88, see pp. 75-77.
113. See essay by Professor D.J.K. Bosscher, 'De Nederlandse Rooms-Katholieken in een overgangstijd. Onrustig temidden van de woelige baren'.
 114. Breda City Archives, inv. no. 2.107.4, internuncio Giobbe to Coadjutor-Archbishop Alfrink, 4 January 1954: Giobbe cites canon 250 art. 4, which refers to the legal authority of this Roman Catholic body in everything connected with councils, synods and conferences of bishops.
 115. Ton H.M. van Schaik, Alfrink. Een biografie, 1997, pp. 187, 240-241.
 116. Archives, archdiocese, inv. nr. 711, internuncio Giobbe to Coadjutor-Archbishop Alfrink, 19 July 1954 and Alfrink's reply of 24 July 1954 in which he states that Tromp, who was part of the Holy See, had been sent by the Congregation of Seminaries and Universities.
 117. The archives of the internuncio, which were inaccessible to the Commission of Inquiry, could provide more information on the subject.
 118. Archive of the Conference of Bishops. Minutes (in Dutch) of the Conference of Bishops, 3 and 4 September 1956, agenda item 2. This conference also dealt with the request by Terruwe to be heard personally on this question. This warning was repeated by internuncio Giobbe in the following year for those responsible for the seminaries of the male orders and the priest congregations. Marit Monteiro, *Gods predikers. Dominicanen in Nederland (1795-2000)*, 2008, p. 476.
 119. Anna Terruwe, *Opening van zaken*, s.l. 1964, pp. 30-31.
 120. 'Quaedam admonitiones theoriam et praxim curationis spectantes psychoneurosi laborantium', *Analecta voor het Aartsbisdom* 29, 11, pp. 166-167, (1956).
 121. Utrecht Archives, Archdiocese of Utrecht, inv. nr. 551, Internuncio Giobbe to Archbishop Alfrink, 15 October 1956 (without the circular), with Alfrink's reply (20 October 1956) that the guidelines had been passed on to the professors at the major and minor diocesan seminaries and that the professors at the major seminaries had been instructed to pay explicit attention to moral theology in the teaching.
 122. See also the entry (in Dutch) for Hein Ruygers by Frans Oudejans in the *Biografisch Woordenboek van Nederland*, <http://www.historici.nl/Onderzoek/Projecten/BWN/lemmata/bwn4/ruijger>.
 123. Archives, Diocese of Roermond, Secret Archives, Duynstee files, letter of 20 October 1957, to all bishops (apparently distributed via the archdiocese, because there is also a note from Alfrink, again addressed to all bishops, dated 4 November 1957).
 124. Ibid..
 125. Westhoff, *Geestelijke bevrijders*, p. 327: discussions had taken place in a small committee comprising Ruygers, Bless, Van Boxtel, Han Fortmann, Herman Fortmann, Willem Grossouw and moral theologian C. van Ouwkerk.
 126. Archives, Diocese of Roermond, Secret Archives, Duynstee files; audience of 13 August 1957.
 127. Ruygers still published the text in 1965 in *Tijdschrift voor Theologie*, after Terruwe had set out her vision of the inquiry on herself and the *Monitum* in *Opening van zaken* (1964) and after the content of this document – which was not intended for publication – had leaked via the press. Westhoff, *Geestelijke bevrijders*, p. 328 (note 2): as a student in Nijmegen Ruygers himself had been treated by Terruwe; her mentor, Duynstee, had been his spiritual counsellor and father confessor for many years.
 128. Westhoff, *Geestelijke bevrijders*, p. 320.
 129. Ibid., p. 322, indicates that this 'mist of secrecy and tension' typifies the historical writings about the committee, the framework having been set by Henk Suèr in *Niet te geloven. De geschiedenis van een pastorale commissie* (1968) commissioned by the Catholic Charitable Association.
 130. Westhoff, *Geestelijke bevrijders*, p. 319.

131. See Chapter 4 of the report by the Commission of Inquiry.
132. Arch. SJ The Hague, PA 1655, Provincial to Van Gestel 18.2.1951 and reply of 20.2.
133. Ibid., Kolfshoten to Van Gestel, 22.11.1953.
134. Desmazières, *L'inconscient au paradis*, pp. 169-180. See also Westhoff, *Geestelijke bevrijders*, pp. 299-305. The address by Pius XII at this conference concluded with what constituted a direct allusion to the Terruwe Affair and which came from Ellerbecks: that no-one should be encouraged to commit a 'material sin' in a psychotherapeutic setting. Besides Eugène Carp, Terruwe's supervisor and professor of psychology at Leiden University, the participants included the Flemish Jesuit psychologists Raymond Hostie and A. Snoeck. In February 1949 during the so-called 'masturbators' conference' and under the auspices of the R.C. Physicians' Association, Snoeck had set out the hard moral line in the assessment and treatment of 'adolescent onanism' (Westhoff, *Geestelijke bevrijders*, pp. 120-125).
135. Westhoff, *Geestelijke bevrijders*, p. 304 and 320.
136. Ibid., pp. 334-335.
137. Ibid., pp. 455-456.
138. In the apostolic exhortation to the clergy worldwide, chronologically: *Menti Nostrae*, 1950, the Instruction of the Congregation of Seminaries, 1951, and the *Sacra Virginitas* encyclical, 1954.
139. As Desmazières shows in Chapter 8 of *L'inconscient au paradis*.
140. Executed by the Sacred Congregation for the Discipline of the Sacraments, whereby the more or less identical instruction *Quam Ingens*, 1930, was recalled.
141. Utrecht Archives, Archdiocese of Utrecht, inv. nr. 707, 'Brief an die Bischöfe zum dreihundertsten Todestag des Hl. Vinzenz von Paul über einige wichtige Probleme der kirchlichen Erziehung' (executed by the Congregation of Seminaries and Universities) (no date [1960]).
142. Utrecht Archives, Archdiocese of Utrecht, inv. nr. 707, summary for Archbishop Alfrink of 16 June 1958 (in Dutch).
143. Cf. Desmazières, *L'inconscient au paradis*, pp. 217-220.
144. Westhoff, *Geestelijke bevrijders*, 456 (note 4). The ban was accompanied by a reminder of canon 139 art. 2 of the Code of Canon Law, which prohibited priests from practising medicine without the Pope's permission. Priests and members of religious orders were also prohibited from training or working as psychologists or psychoanalysts.
145. J.J. Dijkhuis, 'Een onderzoek bij seminaristen', *Dux* 33, 9, pp. 477-488 (1966). See also Monteiro, *Gods predikers*, p. 720.
146. 'Deskundige hulp aan priests in Nood. Spanningen in werk- en leefmilieu', *De Tijd*, 9 March 1967.
147. It was only after CAPER had been established that mandatory celibacy for priests could be placed on the agenda of the Roman Catholic Church in the Netherlands.
148. Archives, Archdiocese of Utrecht, inv. nr. 1405, Memorandum of 15 May 1964 (in Dutch), compiled for a meeting with Alfrink about setting up an agency.
149. Archives, Archdiocese of Utrecht, inv. nr. 1405, memo from Monsignor G. de Vet of 8 February 1966 (in Dutch) : there were discussions at 'many meetings of the Conferences of Bishops' in September 1964, August 1965, November 1965 and January 1966. At the conference the auxiliary bishop of Den Bosch, Jan Bluysen, was in charge of mapping out the problems of the support services for priests. For Van Waesberge see: Monteiro, *Gods predikers*, pp. 402-405.
150. Archive of the Conference of Bishops, 'Minutes of the Conference of Bishops', (in Dutch), 24 August 1965, agenda item 20.
151. Archive of the Conference of Bishops, 'Letter from N.J.M. Vendrik to Cardinal Alfrink', (in Dutch) (6 April 1967).

152. Interview in *Trouw*, 10 September 1983, with Herman Coenen and Sister Christa Schrama, who were responsible for CAPER at that time. Cf. Van Heijst, Derks and Monteiro, *Ex Caritate*, pp. 818-819.
153. Archives, Archdiocese of Utrecht, 'Notitie Psycho-sociale begeleiding van religieuzen' (5 February 1974), prepared by a five-person committee from the Association of Female Religious Orders in the Netherlands (Samenwerking Nederlandse Vrouwelijke Religieuzen), amongst whom was Johan Muytjens, provincial superior of the Brothers of Maastricht.
154. Further research would need to confirm this. Sister Christa Schrama, who worked for CAPER from 1983 till 1990 and then for her own consultancy agency (Stichting Pastoraal Adviesbureau) said that, when asked, she did not notify superiors of paedophile or paedosexual priests or members of religious orders within the confines of a confidential care relationship. She recalls only a few clients with this specific profile in her career. In some cases she spoke with these clients in the presence of their superiors. Interview by the Commission of Inquiry (represented by Paul Koedijk and Professor Marit Monteiro) with Sister Christa Schrama, 18 August 2011.
155. Marit Monteiro, 'Mannen Gods: historische perspectieven op clericale identiteit en clericale cultuur'. In: Marit Monteiro and Gian Ackermans (eds.), *Mannen Gods. Clericale identiteit in verandering*, 2007, pp. 9-32, see pp. 22-29.
156. Marit Monteiro, 'Verkondigers van heil. Narratieven van uitgetreden priests over zelf, geloof en kerk als spiegel van religieuze transformaties in de jaren 1960', In: Mirjam de Baar, Yme Kuiper en Hans Renders (eds.), *Biografie en Religie. De religieuze factor in de biografie*, 2011.
157. Set up by Paul VI in 1965 as a permanent consultation and advisory body for the Pope.
158. Conrad W. Baars, *How to Treat and Prevent the Crisis in the Priesthood*.
159. See <http://www.bishop-accountability.org/treatment/HoA/>
160. 'Dr. Terruwe's idee een pioniersvisie. Kardinaal in Whitinsville', *De Gelderlander*, 4 June 1974; 'Kardinaal opent huis van bevestiging in de vs', *Nederlands Dagblad*, 4 June 1974.
161. Vijselaar, *Het gesticht*, pp. 316-318.
162. Criminological discourses from the 1970s and the 1980s show that, at that time, many cases of sexual violence were not settled via the criminal justice system. This may be explained by factors such as earlier convictions for other offences or assaults or the background and level of education combined with conscious efforts to decriminalize sexual acts and expressions that were becoming more socially acceptable, such as pornography, but also sexual contacts with minors. See Nel Draijer, *Seksueel geweld en heteroseksualiteit: ontwikkelingen in onderzoek vanaf 1968*, 1984. See essay by R.S.B. Kool, 'Schuivende panelen. Een achtergrondstudie naar wereldlijke en kerkelijke ontwikkelingen rondom sexual abuse binnen de Rooms-Katholieke Kerkprovincie (1945-2010)'.
Billekens, *100 jaar psychiatrie in Venray*, pp. 92-93.
163. Contacts between leading psychiatrists from psychiatric institutions and the public prosecution services and the courts had been institutionalized since the start of the twentieth century. The former were required to submit annual reports on patients under court supervision (compulsory hospitalization – which applied in the majority of cases).
164. See Chapter 4 of the final report of the Commission of Inquiry.
165. See Chapter 4 of the final report of the Commission of Inquiry.
166. See Chapter 4 of the final report of the Commission of Inquiry.