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CATHOLIC PRIESTS MENTAL HEALTH FACING CONTEMPORARY CHALLENGES

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ABSTRACT

This article presents a questioning about the current situation of Catholic priests in Brazil, facing the human challenges imposed on them, and aiming to find ways to preserve their psychological well-being. Many priests report experiencing psychological difficulties (e g., anxiety crises, *burnout*, depression). There is a demand for care to be accomplished by a comprehensive health promotion linked with human and professional training that allows for a balance in the ministerial exercise. It istheoretical research with a bibliographical review, supported by Psychology and Theology studies. The results show the urgency of caring for the human condition to respond to the many demands required.

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INTRODUCTION

Throughout history, human beings have followed a path marked by discoveries and conquests. In each of these periods, the human race has developed, and progress has followed its steps. Globalization and technological innovations have contributed to significant transformations in the postmodern man's way of life (Almeida and Azevedo, 2019). All these transformations are noticeable in human relationships, in the context of the family, work, social relationships, the economy, and the way of relating to the transcendent. After so many centuries, contemporary man has sought to find – among so many realities – balance, satisfaction, quality of life and health, in the relationships he establishes with himself and with others. Thus, presenting studies on mental health and relating them to the human right to experience it is a relevant aspect to be studied at the academic-scientific level, proposed in this article.

It seeks to understand, both the scope of the topic and the implications in clerical life (including weaknesses, challenges, and ways of coping). The influence of the current world on the mental health of Brazilian Catholic priests may result from numerous factors and situations. They include the requirement to meet the demands of the religious work, high levels of personal wear resulting from difficulties in time management, the risk to physical integrity (for example, when work performed in risk areas), how they disregard physical and psychological limits. Seizing on them the annulment of their subjectivity so that the soul's salvation happens and is not harmed, as well as the fulfillment of the other established demands (National Commission of Presbyters – CNP, 2001). In a globalized free-market society, there is a concern that religion does not become an object of purchase and sale; its leaders emptied of their humanity and reduced to mere agents of the sacred; providers of spiritual services, or employees who pass on the sacraments and blessings.

Amid so many duties and the immediacy of the world, priests often experience the wear and tear of their vocation, mission, and mental decay. In Brazil, a discussion about this is of utmost importance. Essentially, about issues related to priestly life as part of an institution as traditional as the Catholic Church. However, it is necessary to face the great challenge of establishing criteria and care for their ministers. Hence, the creation and expansion of the mental health service network, and its effective articulation with human promotion, capable of offering clerics a life with healthy habits, with more balance, seeking efficient maturation, amid the particular reality in which each develops their ministry.

The human being's right to be mentally healthy: One of the most relevant aspects of the world today, in addition to the agitation, noise, and technological innovations, is man's search for health (Rocha, 2020). Technology has brought men very close to fulfilling their needs, dreams, and many unknown possibilities – suchas even illness treatment (Guimarães et al., 2019). On the other hand, anxiety, and immediacy, which are consequences of contemporaneity, have distanced man from personal balance and mental health. Often, a large portion of society, upon hearing about mental health, thinks of mental illness. Strictly speaking, mental health encompasses a much larger prism than the absence of mental illnesses. Thus, a mentally healthy person can know its limits and daily experience the most diverse emotions (e g., happiness, sadness, frustration, satisfaction). These people can face the challenges and changes in life with their dynamism and know-how. They seek help when they lack balance when facing traumatic realities, relational conflicts, fears, and significant transitions intertwined in the most diverse life cycles (IBRA, 2020). Mental health concerns a broad and complex area of knowledge, which has an enormous knowledge's versatility, such as neuroscience, anthropology, neurology, history, psychopathology, psychiatry, philosophy, sociology, psychology, physiology, etc. However, it is sometimes hard to find borders or territories that limit its action field since the domain of this study is not limited to the absence of diseases. Such terminology should express the quality of life levels, whether emotional, cognitive or the lack of mental health (Amarante, 2007). It is paramount to highlight that cultural differences, theories, personal and subjective positions support different conceptions of the "mental health" concept. The World Health Organization assures that there is no single or official definition of this term. However, it proposes the understanding that mental health corresponds to:

> (...) subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-fulfillment of a person's intellectual and emotional potential [...] is something more than the absence of mental disorders (WHO, 2001, p. 4).

In this context, mental health is part of a polysemic and comprehensive field as it expresses the contents of the mental state of people and the community that concerns challenging and complex realities. Thus, any attempt to reduce or flatten it into a concept will be a priceless loss. The understanding and extension of interdisciplinary concepts are completed and go together when the relationship between mental health/mental illness is understood and, as a result, by psychic decay. Researchers Borges and Argolo (2002) assert that "mental health and illness are not situations that allow defining one as the absence of the other" (Borges and Argolo, 2002, p. 272). However, clinics, and epidemiology emphasize essential mental illness categorization criteria such as: alterations, psychic functioning disintegration, and the permanence of these alterations. Consequently, it is worrisome that this model of understanding excludes situations in which there is psychological suffering without the possibility of being defined by scientific criteria as an illness or mental disorder (Borsoi, 2007). Concerning mental health/disease, it is also necessary to consider that it is a process that expresses life conditions and the capacity of individuals to face the challenges, conflicts, and aggressions presented by the reality in which they live. In this perspective, "psychic suffering and mental illness can be taken as qualitatively distinct processes" (Borsoi, 2007, p. 12).

Conceptually, talking about psychic suffering refers to a set of malaises characterized by the "subject's difficulty in operating plans and defining meanings for life, combined with a feeling of impotence and emptiness, the self-being experienced as a thing alien" (Sampaio and Messias, 2002, p. 151), while mental illness concerns the:

> Mode of individual re-appropriation, which reveals the failure of attempts to understand, overcome, avoid or make psychic suffering bearable, radicalizing the process of alienation and making the subject experience tensions without expectation of a solution or abolishing the poles of tension between part/whole, essence/appearance, individual/society, conscience/objectivity (Sampaio and Messias 2002, p. 151).

Around century XVIII, segregation and isolation, and even inappropriate means as torture were the mental phenomena prototype approach. Different from the experience of most people to contain expressions, feelings, and truths. A fact most people did not want to notice. Based on pseudoscientific speech, confinement space was tested, which proved to be ineffective and inhumane as a means of treatment (Amarante, 2007). Since then, psychiatry has evolved a lot and, today, there are outpatient treatments that are proven to be effective for many disorders such as schizophrenia, depression, bipolar disorder, among others. In many cases, medications are administered and often accompanied by psychotherapy, while other more severe cases need broader follow-up (IBRA, 2020). It is essential to emphasize that a person's mental health is directly related to how he lives and reacts to the demands of life and how he can harmonize his desires, desires, abilities, ambitions, ideas, and emotions. For a long time, mental disorders have been largely ignored in efforts to strengthen primary health care. According to IBRA:

> Many people think that mental disorders affect only a small subgroup of the population, but the reality is that 60% of people who attend consultations at the primary care level have a diagnosable mental disorder (IBRA, 2020, p. 4).

These mental disorders are characterized by WHO as:

> Significant clinical conditions characterized by changes in thinking and mood (emotions), behaviors associated with sustained or recurrent personal distress, deterioration, resulting in disturbance in functioning in one or more spheres of life (WHO, 2001, p. 18).

The WHO data on mental disorders are alarming: approximately 1 billion people suffer from mental disorders, around 3 million people die every year from alcohol consumption. One person dies every 40 seconds by suicide. Currently, billions of people worldwide have been affected by the COVID-19 pandemic, which is having an additional impact on people's mental health. (Pan American Health Organization - PAHO 2020), (Santana et al., 2021). Nowadays, a relevant concern is given by the observation that, worldwide, few people have access to quality mental health services. "In low – andmiddle-income countries, more than 75% of people with mental, neurological and substance use disorders" have no treatment for their condition. "Furthermore, stigma, discrimination, punitive legislation and human rights violations are still common" (OPAS 2020, p. 1). Mental disorders can substantially compromise social, professional, and familial functioning. They also affect and are affected by chronic diseases such as cardiovascular disease, diabetes, and HIV. Strictly speaking, when treatment is not sought, mental disorders can contribute to unhealthy behaviors, non-adherence to prescribed health regimens, poor immune functioning, and inadequate prognoses. (IBRA, 2020). It is also important to highlight that when it comes to imbalance or some type of mental illness, there is a neural level commitment that is not only the result of psychopathology itself but biological and environmental reality. In other words, brain dysfunctions do not make the body responsible for the illness, for the pathology itself, but it finds its cause and impacts arising from a double influence: social and environmental on the individual. Such conditions have consequences such as deprivation of physical and

social stimulation, stress, and exposure to drugs, in addition to compromising brain function, when there are predisposing conditions. (Fishbein, 2000).

Accordingly, Marcin and Nemeroff (2013):

> "The relationship between genetics and environment is dynamic and also cumulative in its ability to influence individual development and change subsequent behaviors. This combination makes brain function malleable enough that environmental changes can reduce the risk of mental illness. For example, the neurobiology of processes related to social anxiety demonstrates the clear relationship between a neurochemical predisposition that, coupled with unfavorable exposure, disrupts brain homeostasis" (Marcin and Nemeroff 2013, p. 14).

Although there is recognition that mental health is related to aspects of life influenced by the environment, the workplace must be mentioned as an essential point. According to Borsoi (2007):

> Work can be considered by the individual as balancing or tiring. It will be balancing if it allows the expression of the individual's desire and if it configures itself as a place of sublimation. It will be a source of psychic suffering if the desire needs to be repressed, as it does not find resonance in what the individual does" (Borsoi 2007, p. 13).

Thus, man's subjectivity is not always able to identify his suffering as being of psychic order. Even if he perceives it as such, it often does not give him the necessary dimension to seek help. However, when he does so, he rarely associates his suffering with environmental or work situations.Generally, because the so-called personal problems gain the right to express themselves only after the workday (Borsoi, 2007). Research in the health domain involves many factors and subjective issues related to lifestyle, needs, behaviors, and social interactions (Santana et al, 2021). A contribution of these assumptions among people involved in the health-disease process has highlighted the understanding of such complexities. It is a challenging task. Therefore, the present research aims to discuss mental health correlating it to the ordained minister's life – namely, priests. Finally, the above considerations are an incentive to investigate and debate the practical definitions that the problem requires. What is fundamental is the understanding that work is a significant moment among others in the lives of individuals. If we can measure humanity from the uniqueness of the affections and work, we can recognize that work is enriched with special meaning in the lives of individuals who survive it. In the case of Brazilian Catholic priests, their identity is often confused with their function, and this data needs to be considered a crucial factor to analyze. Reducing who they are (identity) with what he does (work) presents itself as one reason for the imbalance that often leads him to psychic decay.

The Priest, human person and mental illness

> "What is important, in general, secular terms, is not our belonging to the species homo sapiens as such, but the fact that we are people." (Engelhardt Jr, 2004, p. 175).

Since the dawn of humankind in the most diverse cultures and religious representations, the priest's figure has been linked to his special work. A man of the sacred that demands sacrifices and such an extent dedication that his life pleased God. Today, after millennia, it is urgent to answer some genuine questions: Who is the priest? What is his real identity? How has the priest lived in a world of constant change? Does the model of the priest of the past correspond to the current reality?. Etymologically, the word priest derives from two other Latin words: *sacerdos* that designate sacred and *otis* translated as representative. Thus, the joining of these two words concerns the one who "represents the sacred". Strictly speaking, it is an authority, cleric, or sacred minister, qualified to preside over religious ceremonies, liturgies, and rites of a certain religion, whose identity is marked and recognized as the one who mediates the relationship between men and the Holy/God (Martins, 2006). Denzinger (2007), when describing the Catholic priest, emphasizes that:

> (...) the ministerial priest, by his sacred power, forms and leads the priestly people, performs the Eucharistic sacrifice *in persona Christi* and offers it to God in the name of all the people; the faithful, for their part, contribute to the oblation of the Eucharist under their royal priesthood (Denzinger, 2007, p. 929).

On the day of ordination, the religious, through a liturgical ritual, is configured to Christ himself, who grants him authority and dignity, characteristic of the priestly work (Nóbrega et al., 2021). From then on, each consecrated person has as a life objective to continue the actions of Jesus himself here on earth and 'wear out' and 'surrender' for the Kingdom of God. Immersed by his convictions and the spiritual path he is living, he adopts a lifestyle, a model, or profile that best suits him. Among these profiles, three stand out: *self-preservation*, *self-destruction*, and *self-immolation*. The first profile - *self-preservation*– concernsa lifestyle that prioritizes taking care of himself. In this model, the consecrated person is even able to fulfill their commitments. He performs the *pro forma*. However, he is unable to go beyond the limits that have been set because he cannot neglect his duties and commitments. He even considers administering the sacraments. However, limits himself to just keeping to a schedule and lives strictly for self-protection and self-promotion.

Regarding the second profile –*self-destruction*– whichconstitutes a concern for a large portion of the clergy, it concerns a lifestyle centered on activism and "annulment of the self" which prioritizes performing functions, which is characteristic of its occupation. However, he cannot have a fair measure between mission time and personal life. In this model, there is the danger of having a life immersed in a dynamism of tasks and in a network of endless commitments, where schedules are not respected, and there is no time to maintain a spiritual life and healthy habits. The third profile –*self-immolation*– concernsa more balanced lifestyle that knows how to combine the demands of the ministerial exercise with that of a human being. He understands the need to be whole, to be available to carry out his duties well as a minister of God. This model can make conscious sacrifices of its humanity since it recognizes its limits and knows how to share and find time for physical, emotional, and especially spiritual health. 21st-century priests need to seek a balance between giving their life and taking care of themselves since the levels of self-demand and overload have led many priests to mental illness. Subsequently, many priests experience the impotence of not responding to the challenges imposed on them. They suffer psychological damage (eg., depersonalization, derealization) reducing them to agents with a religious function (Pinto, 2016). According to Psychology and Psychiatry, this process of depersonalization or derealization:

> It can be understood as an emotion processing disorder. DP/DR sufferers feel uncomfortably disconnected from their senses and events that surround them as if they were external observers of the environment and people around them. The characteristics of this disorder are the feeling of affective dullness, somatosensory distortions (feeling that the body does not belong to the person), self-observation from a high point, and, more rarely, distortions in the experience of time. PD/DR can occur as a primary disorder or as a symptom associated with other psychiatric conditions such as depression, anxiety disorders, or schizophrenia. It can also be a manifestation of neurological disorders such as epilepsy, migraine, and lesions located in the temporal lobes (Stein and Simeon, 2009).

Over time, to avoid these disturbances, the important contributions of the human sciences fostered essays that deliberated the nature of the human being and were able to explain how the realities that make up each individual – body, mind, and soul – interact with each other, without undermining or reducing the human person to one of these aspects, avoiding the risk of not generating any kind of

> "cartoon version" or categorization that would not be able to express the totality of the identity of the one who is eminently human. (Corrêa, 2021).

It is essential to emphasize that according to CELAM:

> Everything that shapes its existence constitutes the priestly identity (...) its identity is complex and corresponds to how it exists in the world. The identity would be simple If priests accomplished a specific religious function in society. Indeed, priests subsist in the world in three main ways: as human beings, as Christian believers, disciples of Jesus Christ, and finally, in a unique sacramental mode as part of the Order of the Church's priests (CELAM, 2018, p. 59).

In other words, the Latin American Episcopal Conference recalls the importance that the priest is a human being in the first place. One cannot reduce and sectarianize the priest's figure as a man from the altar, forgetting that he is a human being. He is a being who has the faculty of thinking, relating, reasoning, who has consciousness and can express himself through his individuality. Corroborating this thought, the National Conference of Priests is contrary to "the conception of the consecration of the priest understood as emptying himself, total abnegation, in which the person identifies himself as much as possible with his ministerial role, repressing his personality and his affections" (CNP, 2001, p. 286). It is challenging to understand the wholeness of the human being. For that, we need to face existential questions that cannot be measured by the epistemology sieve. It surpasses and transcends them. (Santana, 2021a). However, it is important to emphasize, as already mentioned above, that priests are human beings with needs and desires, endowed with virtues and defects. Unfortunately, they are seen by many simply asrepresentatives of the sacred, which leads to reductionism that places them almost apart from eminently human realities.

According to Merkle (2007):

> "As we look back over the last twenty years of religious life, we highlight a value that has been unmistakably affirmed – the value of the person. This affirmation has not only been verbal, but has been institutionalized at all levels of religious life. The importance of the individual value – more than any other value – symbolizes an inner perspective of the changing context in religious life has experienced since the Council". (Merkle, 2007, p. 55).

One cannot fail to state that the assumptions established by Victor Frankl's Logotherapy are based on the fact that man is the only animal to think about this reality of life satisfaction. Since it has a spiritual dimension (called the noological dimension), from which comes all the phenomena eminently proper to homo sapiens, namely: intentionality, concern with values, etc. Because of this reality, man can overcome all conditions and develop strategies for the realization of meaning in life (Santana, 2021a). The person view for Logotherapy and Existential Analysis is not limited to a biopsychosocial understanding. Such an understanding does not sectarianize the human being to some of these parts, reducing it only from a point of view. It is necessary to visualize the human being in its entirety (Frankl, 2012). Thus, Frankl assures: "Man is effectively a unity and a corporeal-psychic-spiritual totality" (Frankl, 2012, p. 62). Another contribution of Logotherapy that corroborates the idea of human personality is the concept of *self-transcendence*, which concerns the "fact that the human being always points and goes towards something or someone different from himself - whether one sense to be achieved or another human being to find" (Frankl, 2008, p. 135). In other words, such a concept refers to the human capacity to launch into an enterprise or to someone other than oneself, as an everyday priesthood, man must anchor the essence of his existence beyond himself (Frankl, 2008). Strictly speaking, *self-transcendence* supports man's idea of humanity. It considers him as endowed with reason, responsibility, and freedom and directs him towards the realization of meaning. "One way or another, his nature leads him to surpass himself. The transcendence of oneself thus constitutes the essence of human existence'' (Frankl, 2019, p. 12). This task is eminently human to fulfill the meaning and realize values. (Santana, 2021b). As a contribution to this research, it correlates the idea that man, imbued with his dignity and capabilities, is free to surrender to other people. While experiencing his humanity, he can experience *self-transcendence* and, in this way, realizes himself as a man without neglecting himself. This surrender indeed needs criteria and limits so that he does not de-personify himself through activism or stop being who he is, for lack of standards that de-characterize him, making him lose the living taste (quality of life) until mentally become out of control. Inevitably, most people who look at a consecrated man see in him the image of someone wholesome, healed, reconciled, worked through the pain and experienced by suffering, able to lead and guide others. Hardly, that could be someone who needs care, support, or medication. Much less that needs a therapist or mental care. However, today, there is an increasing number of clerics who have entered this path and need help. According to CELAM, many priests need an adequate environment to restore their mental health, either through psychotherapy or even through help centers:

> (…) in some centers, priests needhospitalization to offer them the revitalization of their priestly life, the integral well-being, a place where they can rest, socialize, cultivate their interior life, update themselves, receive psychological care. Space where they can have access to medical care, have the experience of fraternal communion and have a family of brother priests who temporarily share their life and ministry, to consolidate and keep alive the process of continuous human maturation. (CELAM, 2008, p. 278).

It is difficult to measure the real impact of the demands on the lives of ordained ministers as the relationship they establish with work is inherited from the image of a past priesthood that needed no rest. Furthermore, they learned that a priest's rest is in heaven. The truth is that ordained ministers live in a different era and that contemporaneity has presented them with many challenges that require ever more comprehensive preparation and dynamism.

Current challenges and their impact on the mental health of Priests

> Religious people do not live what they do as a simple job: their whole life is at stake in what they do
> (Almada, 2016, p. 91)

One of the most typical expressions of postmodernity is the existential situation marked by pluralism. It is possible to affirm that pluralism is present in all spheres of personal scope: familial, educational, professional, artistic, in the way of seeing the world, in their choices, and it is also fully rooted in collective relations: in the political, economic, academic field, cultural and even in religions. Today, the world sees reality through a plural prism, with the diversity of knowledge and points of view unique to each one (Santana, 2021b). It is undeniable that, in contemporary times, the Christian faith is provoked by the historical-social reality in which it lives, since in the past, in pre-modernity, it governed a regime of uniformity that centralized and, today, in post-modernity, it has been suffocated for the scientific-pragmatic reason. The Church itself recognizes that the "current moment shows us situations that affect and challenge the life and ministry of priests" (Documento de Aparecida, 2007, p. 192). It is increasingly encouraged, at a much greater level of complexity, than in the past, to strive to take steps to accompany so many sociocultural changes in the most diverse human activities.

According to Feller (2016),

> The plurality of views and interests in the religious field affects all Catholics, particularly priests (spiritual agents par excellence). However, they were, and are formed, in a tradition marked by the values of pre-modernity. In this, religion is the mainstay of culture, and God is at the center of all relationships. Also, in the West, the pre-modern regime of medieval Christendom has reached our times.

> The Catholic Church has always been at the forefront of the organization of society, formation of thought, dissemination of ideologies, and control of behaviors. In this regime, there was no place for plurality. Everything was determined by the sense of unity around Catholicism, with other religions or Christian churches being excluded from the public handling of religious goods. (Feller, 2016,p. 17).

It is essential to emphasize that such transformations signal or at least pretentiously seek to alert that the life of the presbyter today is radically different from the past since the demands are different. In the past, the priest had an important social role and, in addition to being highly respected, was the only one to be reported and consulted on the most diverse issues. Due to the high level of trust, he deliberated on cultural values, family relationships, political life, customs, etc. Nowadays, society does not seek or listen to him as much as before. Nonetheless, there is a remnant of this social relationship. (Feller, 2016). John Paul II (1992), in his post-synodal exhortation *Pastores Dabo Vobis* affirms his concern about the identity and conduct of the ordained minister in the face of the change of age:

> Certainly, there is an essential physiognomy of the priest that does not change: the priest of tomorrow, no less than the priest of today, must resemble Christ. While living on earth, Jesus offered in Himself the definitive face of the presbyter, carrying out a ministerial priesthood in which the apostles were the first to be invested; the former is destined to last, to reproduce itself incessantly in all periods of history. In this sense, the priest of the third millennium will be the continuator of the priests who, in the previous millenniums, animated the life of the Church (...). But it is equally true that the life and ministry of the priest must "adapt to every age and every environment of life (...) For our part, we must therefore seek to open ourselves as much as possible to the superior illumination of the Holy Spirit, to discover the orientations of contemporary society, recognize the deepest spiritual needs, determine the most important concrete tasks, the pastoral methods to adapt, and thus respond adequately to human expectations (John Paul II, 1992, p. 16).

Corroborating this idea, the National Commission of Priests (CNP, 2001) ensures that:

> Being a priest in a globalized society requires reconfiguring one's identity, facing needs, insecurities, and the fragmentation of human relationships. The priest feels and experiences all these influences, regardless of the environment in which he exercises his priestly ministry. From the 1980s until today, what is most noticeable concerning the role of the priest is the phenomenon of activism, the result of a wider and exhausting demand for activities that he needs to handle in his daily life. Overwhelmed and absorbed by countless functions, from presiding over the Eucharist to doing the accounting of the parish, the priest is identified as the "official of the sacred" and the "church bureaucrat". (CNP, 2001, p. 42).

Such transformations are revealed as challenges to be faced at the ecclesial and personal level: in the way to deal with the economy, with the urban reality, with politics, with violence, with the concern to have a clear, orthodox, and current discourse, mainly with communication and media appeal, among others; not to mention that internally he still needs to reconcile and balance realities related to personal life, the availability of time for individual studies, health, vital and affective aspects, the experience of spirituality, and especially the new demands that arise every day.

Almada (2016) declares that:

> Given the characteristics of this activity, there is a propensity for *burnout*, with significant negative consequences for these institutions, due to the desertion of their members (...) from an individual point of view, many religious have psychological characteristics that predispose them to professional wear: they are idealistic people, who have great sensitivity to those who need help. They often relegate inner dialogue, with its own needs (...) religious feel the obligation to work hard and with extreme dedication, with the subsequent feeling of guilt when this goal is not reached (Almada, 2016, p. 92-93).

One of the main challenges of the priest today is meeting the expectations and demands from a priesthood of the past (when they experienced a smaller village reality). Furthermore, they need to balance the new requirements of the post-modern immediacy, of a real urban, much larger and more complex. Strictly speaking, the ecclesial structure of the past is infinitely smaller than the current one, times are different, and the demands do not stop growing, thus demanding from the ordained minister a personal, intellectual, human, emotional, and a higher spiritual contribution than that of the religious of the former (Corrêa, 2021). From a psychological perspective, the wear and tear generated by activism in the face of the overload of so many tasks, have been the main cause of illness and mental decay among clerics. Moreover, there are oversights with their physical health: some of them do not take a vacation, nor do they have a day of rest, which visibly contributes to their reaching the unhealthy stage of personal exhaustion, identity crisis, the duplicity of life, abandonment of the ministry, apathy, loss of ministerial *aggiornamento*, panic syndrome, anxiety crisis and disorder, depression and even suicidal behavior when they do not commit the act itself.

In the experience of their social role, which encompasses an important existential field: of being a bridge, *pontifex*, between men and God, it is not always clear/easy for the cleric to realize the need to ask for help and seek treatment when he goes through some incapacity, due to suffering or pastoral wear. A survey of priests from all over Brazil (CERIS, 2004) found that, when they reach the crisis stage, most of them give themselves to prayer, few look for their friends and, what is more worrying: most of the times, they give up to isolation and distance themselves from realities that support mental health. Few of them seek therapy (Pinto, 2016). The exhaustion that leads to mental and emotional suffering is often due to unhealthy behaviors such as carelessness nutrition,schedulesfull of appointments, limitless access to social networks, not knowing how to say no, stress, sleepless lack of control, among others.

According to the National Commission of Priests (2001):

> In the case of priests, failures and frustrations in pastoral action are common due to the excess of bureaucratic and repetitive activities, with the insignificant emotional return. All of this generates existential loneliness and leads to a range of affective and emotional problems. The presbyter's life has disappointments, frustrations with himself, with the community, and with fellow priests, despite having numerous achievements. Lack of appreciation and recognition is a common trend. From the perspective of psychic-spiritual health, it seems more prudent to accept the disappointments and limitations, taking advantage of them to grow and mature emotionally and spiritually (CNP, 2001, p. 38).

> According to a 2008 survey by the International Stress Management Association (Organization for the Research and Treatment of Stress) – IsmaBrasil, the life of the Catholic priest in Brazil is one of the most exhausting and stressful vocations/professions. That year, about 448 of the 1,600 priests interviewed (28%) felt "emotionally exhausted". The results found show that clerics in this situation showed higher results than police officers (26%), executives (20%), and bus drivers (15%) (UDEMO, 2008).

It is worrisome to note that the ranking of the most stressful professions is usually led by responsibility categories for other people's lives (police officers, flight controllers, surgeons, and doctors in the emergency sector, among others). One conclusion from these data is to consider that the emotional wear of priests may lie in the fact that the religion has no established working hours. It must be

constantly available to parishioners and, still, very rarely people are interested in whether they are sad, tired, or sick. Rather, they are concerned only with what they can offer. Of course, mental disorders impose a substantial burden if left untreated. In this way, it corroborates the idea that unhealthy behaviors in the priest's life, added to the high level of stress, can compromise the Church's life and its mission fulfillment, which is the salvation of souls. Thus, one of the concerns of the leaders of this Institution must be the care and zeal for their ordained priests, since they are the ones who are at the forefront of the main evangelization initiatives, and truly support the maintenance and functioning of the Church as a whole. Finally, when analyzing the religious lifestyle over the centuries, the Church's history points out that spiritual life provided an alternative lifestyle, not only within the institution but also in the society. Each period of religious life asserted itself within the culture from which it sprang. The "flight" to the desert of the first monks, represented a criticism of the officialization of the Church as a religion of the empire and the consequent deterioration of Roman civilization. The mendicant orders of the Middle Ages questioned the wealthy situation of the latifundium and the paralysis of society in the feudal system. "Educating congregations at the beginning of the 20th century XIX criticized the secular social system in which only the elite had the right to education" (Merkle, 2007, p. 67). In this way, it urges the Christians of this century and, perhaps, the clerics: to seek their style, advocating a healthy life model capable of guiding and leading people in general towards a balance of their functions and integral health.

Final considerations: The mental health problem of Brazilian Catholic priests is directly related to the decrease in awareness of his humanity and needs. They are seen – and they see themselves – onlyas spiritual leaders, losing their sense of individuality (as human beings) and personality. From there, the self-demand levels arise loss of will, syndromes, and imbalances, such as *burnout*, anxiety crises, depression, and suicidal behavior. It is evident that today, in general, particularly in Brazil, there is a gap between the need for mental health care and attention for religion and the offer of a network of services and monitoring capable of responding to the demand of so many priests in need of care. Strictly speaking, the observation of this care deficit contrasts with the accumulation of mental health problems in clerics/religious people who, in their silence, cry out and scream for help without even saying a word. It is possible to hear this cry only through the repercussion of their attitudes, often explained by social networks and complaints – sometimes accurate – from people who live or attend their churches. It is paramount to reorganize training strategies, balancing the demands, especially meeting the expectations of models from the past when there were not as many as nowadays demands. To turn this reality into something imperceptible is becoming blind and anachronistic. Furthermore, it contributes even more to the drowning of an outdated model that can hardly be achieved. Perhaps, there is no prototype or lifestyle model because each one is unique, and that is not the research objective. However, it is paramount to emphasize that mental health is attached to a balanced life expressed by human integrality. Whether in their spirituality experience, affectivity, and healthy relationships, among others.

Furthermore, rethinking the mission and lifestyle of priests could be taboo. Limiting agendas and finding healthy habits could sound non-religious or non-evangelical. However, it urges the Church to continue the invaluable work provided to society, knowing that this mission can only be carried out with excellence if it is possible to count on mentally healthy leaders. Those responsible for the Institution should seek actions towards mental health policies implementation for people consecrated, as a specific plan, integrated into the reality of each one to overcome this silent outbreak and the care and existential problems inherent to it. The central purpose of this initiative is to build a care network capable of responding effectively to the needs of clerics and helping them, individually, whether in psychological listening or promoting balanced and healthy ways to live their consecration well. Therefore, three main actions we propose:

- To foster personal care for the integral health of clerics, offering qualified listening and even individual support – psychotherapy, if necessary, through a care center implementation that promotes attention and care in individualized health services for priests.
- Promote among the clergy the search for a healthy lifestyle where they can manage and balance their pastoral demands. To set clear and realistic goals, encouraging weekly rest and annual vacations, avoiding the neglect of their congregation assigned, and, therefore, protecting themselves from personal uncontrolled and mental health maladjustment.
- Foster the creation of a management team made up of specialized professionals. Preferably not belonging to the community, to allow a more neutral professional relationship with the priest to help him, when necessary, to organize the managerial tasks of parish life, such as scheduling meetings, accounting, dissemination of events, among others, to support religious exposed to relational and institutional stresses, as well as updating their skills, to the work of each one.

Finally, an important conclusion seems possible: the understanding of the relationship between mental health/illness and ordained ministers life, and the search for concrete answers to the psychological disease arising from contemporary demand situations; the recognition of the determinants of illness or psychological distress, the effective changes that may be generated by the results found in this field – allof this will be the result of the dialogue, effort, and work of a group of protagonists, among which are the health professionals responsible for medical and psychological care, scholars on the subject, superiors, and, above all, the priests themselves, who still need to be aware of something fundamental: suffering or psychological disorder should be considered a legitimate complaint and, for this reason, healthy habits must be maintained that will support them for a more fluid ministerial life. In short, the purpose of this work is to give visibility to mental health issues related to "ordained ministers" experience. We highlight that it is possible to experience in a healthy way the challenges and demands imposed by the current situation in the most diverse spheres (e g., religious, human, emotional). We also intend to stimulate discussions and future research that point to a healthier and more balanced quality of clerical life.

BIBLIOGRAPHY

Almeida M., Azevedo S. 2019. Globalização, Educação e o Contexto Mediático. Revista Geosertões. n.8: 125-141.

Almada R. 2016. O Cansaço dos bons. A logoterapia como alternativa ao desgaste profissional. São Paulo, SP: Editora Cidade Nova.

Amarante P. 2007. Saúde mental e atenção psicossocial. Rio de Janeiro, RJ: Editora Fiocruz.

BorgesL.,Argolo J. 2002. Estratégias organizacionais na promoção da saúde mental do indivíduo podem ser eficazes? In: M. da G. Jacques & W. Codo Eds.. Saúde mental e trabalho: Leituras. Petrópolis, RJ: Editora Vozes.

Borsoi, I. 2007.Da relação entre trabalho e saúde à relação entre trabalho e saúde mental. Psicologia e Sociedade, n.spe: 103-111

CELAM – Conselho Episcopal Latino-Americano 2018. Itinerário formativo nos primeiros anos do ministério. Brasília, DF: CNBB.1

CELAM – Conselho Episcopal Latino-Americano 2018. Integridade do sacerdote: Formação humano-afetiva. Brasília, DF: CNBB.2

CERIS – Centro de Estatística Religiosa e Investigação Social. 2004. Perfil do Presbítero brasileiro. Rio de Janeiro, RJ.

CNP - Comissão Nacional de Presbíteros 2001. Presbíteros do Brasil construindo história: instrumentos preparatórios aos Encontros Nacionais de Presbíteros. São Paulo, SP: Editora Paulus.

Corrêa A. 2021. Sacerdotes seguindo Cristo no caminho das bem-aventuranças. Rio de Janeiro, RJ: Edições Sementes do Verbo.

Denzinger H. 2007. Compêndio dos símbolos, definições e declarações de fé e moral. São Paulo, SP: Edições Loyola; 3ª ed.

DOCUMENTO DE APARECIDA2007. Texto conclusivo da V Conferência Geral do Episcopado Latino-Americano e do Caribe. São Paulo, SP: Paulus, Paulinas.

Engelhardt Jr H. 2004. Fundamentos da bioética. São Paulo, SP: Edições Loyola.

FellerV. 2013. Ser padre hoje. São Paulo: Editora Ave Maria.

Fishbein D. 2000. The importance of neurobiological research to the prevention of psychopathology. Prevention Science, n. 2: 89-106.

Frankl V. 2008. Em busca de sentido: um psicólogo no campo de concentração. Petrópolis: Editora Vozes.

Frankl, V. 2012. Logoterapia e análise existencial: textos de seis décadas. Rio de Janeiro: Forense Universitária.

Frankl, V. 2019. O sofrimento humano: Fundamentos antropológicos da psicoterapia R. Bittencourt & K. Bocarro, Trads.. São Paulo: É Realizações Editora.

Guimarães R., Noronha J., Elias F., Gadelha C., Carvalheiro J., Ribeiro A. 2019. Política de Ciência, Tecnologia e Inovação em Saúde. Ciência & Saúde Coletiva. n. 3: 881-886

IBRA 2020.Fundamentos básicos e teoria em Saúde Mental. Apostila Núcleo de Pós-graduação. Caratinga, MG: IBRA.

João Paulo II 1992. Exortação Apostólica Pós-sinodal Pastores dabo vobis. São Paulo, SP: Paulinas.

Marcin, M.,Nemeroff, C. 2013. The neurobiology of social anxiety disorder: the relevance of fear and anxiety. Acta Psychiatr Scand: 417, 51-64.

Martins, M. 2006. A Língua Latina: sua origem, variedades e desdobramentos. Círculo Fluminense de Estudos Filológicos e Linguísticos CiFEFiL. Revista Philologus 36.

Merkle, J. 2007. O Compromisso da escolha. A vida religiosa nos dias atuais. São Paulo, SP: Loyola.

Nóbrega, S, Medeiros, A., Maracaja, P. 2020. Ritual de Bênçãos por Ministros Leigos: O Seu Uso Fundamentado no Sacerdócio Comum dos Fiéis. Revista brasileira de filosofia e história v.9 n.1: 116-121

Organização Mundial de Saúde - OMS. 2001. Saúde mental: nova concepção, nova esperança. Relatório sobre a saúde no mundo 2001. Genebra: OMS.

Organização Mundial de Saúde - OMS. 2009. Integração da Saúde mental nos cuidados de saúde primários: uma perspectiva global. Portugal, Pt: OMS Wonca.

Organização Pan-Americana de Saúde 2020. Dia Mundial da Saúde Mental: uma oportunidade para dar o pontapé inicial em uma grande escala de investimentos. Brasília: DF.

Pinto, E. 2016. Os padres em psicoterapia. Esclarecendo singularidades. São Paulo, SP: Ideias e letras.

Rocha, R. 2020. Enfermagem em saúde mental. São Paulo: Ed Senac. 2ª ed.

Sampaio, J., Messias, E. 2002. A epidemiologia em saúde mental e trabalho. In: M. da G. Jacques & W. Codo Eds.. Saúde mental e trabalho: Leituras. Petrópolis, RJ: Editora Vozes.

Santana, C. 2021a. O homem em busca de sentido frente a diversidade cultural. Curitiba: CRV.

Santana, C.& Zanatta, C.2021b, Espiritualidade e Sentido de Vida. Curitiba: CRV.

Santana, C. M. L., Domingos, L. F., Monteiro Campos, L. A., Zanatta, C. & Cordeiro Teles, L. 2021. A Contribuição da teoria de Schutz para a Terapia Familiar. RECIMA21 - Revista Científica Multidisciplinar - ISSN 2675-6218, 24, e24274. https://doi.org/10.47820/recima21.v2i4.274

Santana, C. M. L., Domingos, L F. D. & Moraes, F. X. Os desafios do Ensino em Psicologia em Tempos de Pandemia. In: CAMPOS, L.A.M Org.. Cognição Social Curitiba, PR: CRV, 2021.

Sato, L. 2002. Saúde e controle no trabalho: Feições de um antigo problema. In: M. da G. Jacques & W. Codo Eds.. Saúde mental e trabalho: Leituras. Petrópolis, RJ: Editora Vozes.

Stein, D., Simeon, D. 2009. Cognitive-affective neuroscience of depersonalization. CNS Spectr, n. 149: 467-71.

UDEMO 2008. Stress no claustro. Revista Veja, n. 2063.

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