In a perverse way, the churches have turned their backs both on the miraculousness of creation and on the need to do something heroic in this world. (Ernest Becker)

"Sir, here is your pound. I put it safely in a piece of linen. . . ." "You wicked servant! . . ." (Lk 19,20.21)

The major types of religious congregations (monastic, mendicant and apostolic) have emerged historically in response to periods of significant chaos/disorientation within and outside the Church. Since the Church and the world are experiencing chaos in many different ways, we can logically expect that new types of religious life are now emerging. Certainly, there is no lack of rhetoric, for example, at provincial and general chapters, about the need to respond to the apostolic challenges of today.

However, my hunch is that, since Vatican II, no new, or readily identifiable form of religious life has yet emerged that is outward-looking and confronting constructively the challenges of the contemporary secularizing world.

On the other hand, I do believe that a new type of inward-looking religious life has developed since Vatican II: the therapeutic model. This model has emerged, not in reaction to the new, pastoral challenges of the world, but in reaction to the centuries-old depersonalization of religious life structures. I feel that individual religious, various communities and possibly entire congregations (of all traditional types of religious life), have accepted this model. I do not think they realize that they have adopted a new type of religious life. There are religious who object to the model, though they are not always able to articulate the reasons for their concern. They just feel that something is wrong.
The more this model is accepted, the less likely it is that existing communities will have the inner resources to confront in any dramatic way the pastoral challenges of today. They will become increasingly irrelevant in the present and future Church. Also, no new congregation that accepts this model will have the resources to respond for very long to the pastoral chaos.

In this article, I will clarify terminology: type and community; show why each new type of religious congregation has developed a particular form of community life; describe the therapeutic model, explaining why it lacks the potential to foster in religious any imaginatively creative or sustained efforts at confronting the pastoral needs of today and the future.

CLARIFYING TERMS: MODELS OR TYPES AND COMMUNITY

Models or types
Sociologically, a model is not a perfect representation of the real world but it is an attempt to construct from the study of what is happening an ideal type. In an ideal type the major behavioural characteristics common to most of the movements studied are emphasized or highlighted. Unnecessary details are not included in the model. The model is then used to measure various groups or movements which may conform to, or diverge from, the model in significant ways.

We may use this process in studying the history of the Church. Thus, we speak of types or models of religious life, for example, the monastic type. We build up an ideal type and then look at individual congregations to see to what extent they conform or diverge from the type. Therefore when later I speak of the therapeutic model of religious life I am using the word ‘model’ or ‘type’ in the sense I have just explained.

Community
Sociologically, there are four major types of community (or four distinct ways of defining community). Firstly, community is synonymous with a clearly circumscribed locality or place, for example, a neighbourhood, village, city. No reference in the definition is made to the inhabitants as such and to how they interact. Secondly, community is synonymous with a local social system or social network, that is a set of social relationships that
occur wholly or mostly within a locality, for example, a group of people relating to one another as villagers.

Thirdly, community is defined as a quality of relationship. People have a feeling of belonging together in some way or other. Community here is better termed 'communion', to emphasize the sense of meaningful identity and shared experience. No reference is made to locality or place in this definition. Finally, community is defined as having both a territorial quality and a sense of belonging.

These different ways of defining community will help clarify how the major types of religious life differ among themselves.

TYPES OR MODELS OF RELIGIOUS LIFE COMMUNITY

A revitalization movement generally occurs under three conditions: members of a particular society are experiencing the confusion and malaise of chaos. Religious acknowledge that they are suffering the stress of chaos. They are unable, by their own powers alone, to get out of this frustrating state; and finally, there is a leader (or leaders) who is able to articulate and implement a new satisfying way of life and people are prepared to follow him or her.

In history, new types of religious life communities have emerged, or old types have been revitalized (for example, the reforms of Sts Teresa and John of the Cross), because these three conditions have been met. The three major types of religious communities (ascetical, relational and apostolic) present today developed, under the inspiration of founding persons, in reaction to chaotic conditions both in the Church and in society. Each type has its own particular way of defining what community should mean for the religious concerned.

Model 1: The 'ascetical' community

Religious in this model are not to be involved in apostolic work with people outside the physical boundaries of the community locale. The structures of the community for example, the rule, the hierarchical role and authority of the superior, periods of community and private prayer aim to foster the emergence of personal and corporate holiness through ascetical practices.

The element of locality is integral to the definition of community life according to this model. Monasticism, especially under the inspiration of the Irish St Columban and St Benedict (Monte
Cassino), in the 6th century, developed according to this model. Benedict recognized the abuses which had befallen the religious life of the desert tradition. Monks henceforth would not be allowed to roam freely around the countryside, but they would live their entire lives in designated places, challenged and supported by one another and under the fatherly authority of superiors. This form of religious life fitted in well with the settled nature of the feudal society of the time.

Reform movements reinforced this emphasis on ascetical practices and withdrawal from the world. Thus, the Cistercians, beginning in the Middle Ages with their Benedictine reform, fled society in order to establish monasteries on the frontiers of its settlements.

Model 2: 'Relational'/'mobile' community

In this model the primary emphasis is in witnessing to the quality of relationships that should characterize a group of Christians who are living together according to the values of the gospel. Locality is not, according to this notion of religious community, an integral part of the definition of community. This primary stress on *communion*, not on the attachment to a monastic locality, makes it easier for communities to move to points of particular pastoral need.

Historically, the mendicant orders helped to create this model of religious life. They were reacting to chaotic conditions both inside and outside the Church. Within the Church many monastic communities had become, by the twelfth and thirteenth centuries, giant feudal estates, wealthy and powerful. They lacked zeal for the Lord and for the ascetical ideals they had vowed to express in their lives. At the same time, in the secular world, the feudal system was beginning to crumble as urban life began to emerge.

In reaction to the monastic abuses of poverty, the new mendicant orders consequently renounced communal wealth. This gave them the ability to move when necessary to new areas of pastoral need. The radical poverty of St Francis was not primarily ascetical. It was evangelical and Christological. Christ had freely chosen poverty, thus revealing the humility of God himself. Francis loved Jesus above all in the crib, on the cross and in the eucharist because in these realities God's powerlessness, his vulnerability and his littleness were so dramatically revealed.

St Dominic attempted a new synthesis of the contemplative life and the apostolic life. He deliberately built his house in the newly formed urban centres so that Dominicans could readily respond to
urban pastoral needs. He widened the scope of dispensations to favour students and preachers when monastic observances impeded their work.\footnote{5}

Many religious communities, not just mendicant orders, have in their post-Vatican II reform tended to structure their community and apostolic styles according to this model. The contemporary community aims to provide an ambience in which individuals are able to develop their talents through the encouragement of other members of the community. Hence, dialogue, sharing of faith experiences and supportive interaction are of primary importance for religious of this model. The superior’s role is to co-ordinate or facilitate the interaction or dialogue between members. In order to provide the space and time necessary for frequent, sustained, in-depth interaction between members, communities need to be relatively small in size.

Unlike the first community model (the ascetical type), relational communities are concerned with the world immediately around them. They hope that the ‘one heart and one mind’, gospel quality of their community life will positively influence outsiders close by.

However, concern for the world outside is still somewhat indirect. Community members must primarily concentrate on gospel relations first among themselves. They are to evangelize in and through the community. Involvement by individuals with the pastoral needs of people outside the community must not be at the cost of this primary emphasis. Normally (though not as important as in model 1 above) the community needs its own locale or physical structure with sections reserved only to itself. Otherwise efforts at deep interpersonal interaction would be unnecessarily interrupted.

Model 3: ‘Mission’ community

The primary concern in this model is with the pastoral needs of the world beyond the community. The shape and structure of the community is determined by these needs. The structures (for example, timetables for community meals and prayers) are, therefore, highly flexible and adaptable. Whatever is helpful in assisting members to react to changing and pressing pastoral needs is to be encouraged.

A physical place or territory is of little or no importance in defining this type of community. What is important is the feeling that members belong to a group of evangelizers who are prepared
to help one another respond to the ever-changing and demanding pastoral needs of people ‘out there’.

Historically, the Jesuits and Ursulines pioneered this model of religious life for two reasons. Firstly, there were abuses in existing congregations. Religious life desperately needed revitalization. Secondly, the models of organization of these same congregations (using the ascetical or relational models) made it difficult for religious to adapt easily to the new apostolic demands of the post-Reformation Church and the evangelization of peoples in far distant places. Most active congregations that have been established since the sixteenth century have designed their constitutions according to this model.

At times the pastoral needs may require that individual religious live alone or distant from their community. If religious are to survive in these circumstances they must have a vigorous interior life, a deep commitment to the congregation’s vision and a sense of being accountable for their work to fellow members of the congregation.

To repeat, a physical place is in no way integral to the understanding of community in this model. It is interesting to note, by way of example, that St Ignatius Loyola’s vicar general, Jerome Nadal, wishing to highlight the key value of apostolic mobility, wrote that Jesuits have four kinds of houses: novitiates, colleges, pastoral centres, and ‘journeys’. Nadal asserted that journeys (apostolic missions, the freedom to go where sent for spiritual/apostolic purposes and the will to go) are to be the example of the most perfect house for Jesuits. Jesuits must be prepared to move immediately from this or that place or apostolate and go to wherever there are more urgent, pastoral needs.6

Each model described above emphasizes a particular quality that is of lasting importance within the life of the Church: detachment from this world which is the quality in model 1; the love of God as shown through reverence for one’s immediate neighbour, in model 2; and concern for people who do not know of Christ, or who need to know him more deeply which is the emphasis in model 3.

In reality every religious congregation in their constitutions will proximate to one of the three models. However, elements of the other two models must be present to varying degrees. For example, Cistercians were not founded for direct involvement in the pastoral needs of people outside their monasteries but they must show
concern by praying for the world. Also, every religious must embrace ascetical practices if they are to develop union with Christ.

If communities concentrate in practice exclusively on one model, abuses inevitably develop. For example, a group of religious who belong to a mission-model congregation can become so absorbed with their work of evangelization that they neglect to support one another. On the other hand another group of religious, whose congregation belongs to the relational/mobile model, can become so committed to their own community/individual welfare that the world is neglected.

**VATICAN II: CALL FOR RELIGIOUS LIFE REVITALIZATION**

For the remainder of this article, when I speak of religious congregations, I have in mind particularly institutes based on the mission model. However, much that is said will have application to congregations of ascetical and relational models.

The Council asked of religious that their 'manner of living, praying and working should be suitably adapted to the physical and psychological conditions of today's religious and also . . . to the needs of the apostolates, the requirements of a given culture'. We active religious are to be bold in apostolic initiatives within the Church 'a kind of shock therapy . . . for the Church as a whole', challenging the Church not to give way to 'dangerous accommodations and questionable compromises'.

Our founding persons used 'shock therapy' within the Church of their times. They pointed out the gap between the gospel and the world and, in imaginatively creative ways, they moved to bridge that gap. Sadly, especially in active congregations founded over the last two centuries, the ability to provide the 'shock therapy' has been gravely weakened. Congregations of the mission model had imposed on them, in opposition to their founding vision, the restrictive, community requirements of the ascetical and relational models. After the Council, these congregations had to remove these obstructive accretions.

However, the efforts at revitalization have not worked out as we had so enthusiastically hoped. We have plenty of rhetoric in our chapter documents and mission statements about the need to react creatively to the new apostolic needs of the world but we seem paralyzed. If we try to be apostolically creative we so often feel crushed or unsupported by our communities.
Why? One major reason is, I believe, that we have slipped too often into a new type of religious life which I call the ‘therapeutic’ type. The adherence to this model makes apostolic revitalization impossible or extremely difficult.

The new type has emerged, unlike its predecessors, not because of abuses of religious themselves or because of the dramatically new apostolic needs. Rather, the type has developed as a reaction to the depersonalization of religious life structures of the pre-Vatican II Church.

This reaction is long overdue. But we have gone too far. We have so embraced the human relations model of the Western cultures that we have become trapped by it. The apostolic needs of a rapidly changing world are being too often neglected and the creative, pastoral energies of religious are being crushed because we have become so inward-looking. The world is going on without us for we are too concerned about our own personal needs as religious. The needs of the Church and the world are being overlooked.

Background to the model

The use of community, social processes for the treatment of mentally ill and personality disordered patients has been called ‘therapeutic community’. Many reasons have fostered this form of treatment, for example, dissatisfaction with the consequences of individual psychotherapy, an awareness of the importance of social experiences in learning and, therefore, in therapy.

The therapeutic community is designed precisely to respond first and foremost to the individual needs of clients, only indirectly of course to the needs of the world beyond them. The procedures in these communities have three sources. Firstly, there is group therapy in which patients expect to receive continuous feedback on how they are behaving as seen by others. Secondly, there is the emphasis on democratic methods: the sharing of facilities, the frank expression of thoughts and feelings between patients and staff. Thirdly, there is the importance of being a part of a social unit to counteract alienation and promote rehabilitation. For this type of community to function positively it is essential that trained personnel be involved at all times.

Application to religious life

I use the term ‘therapeutic community model’ to describe the new type of religious life, with the following qualifications:
A NEW TYPE EMERGES

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<th>Type</th>
<th>Emerged in Reaction to:</th>
<th>Community Type</th>
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<td>1. Abuses of desert</td>
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<td>Apostolic:</td>
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<td>Therapeutic:</td>
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Figure 1. Religious Life Types

1. I do not imply that we religious are mentally ill. However, I believe that some of the assumptions and processes of therapeutic communities, as described above, have been misunderstood or/and accepted uncritically by religious communities, for example,

—the centrality of the human person to the neglect at times of the common good;

—the use of direct democractic processes in decision-making, when particular constitutions or apostolic circumstances demand instead only consultation under the leadership of superiors;

—the denial or downplaying of the principle of subsidiarity/accountability; hence, an excessive dependence on time-consuming community meetings to decide matters of little importance to apostolic life;

—encouraging people to be over-dependent on community life;

—recruiting candidates who have over-dependent needs. (See figure 1.)
2. I also do not imply any condemnation of various forms of psychological therapy that foster personal/apostolic growth or effectiveness. Rather, I am concerned about the misuse of therapy.

3. The new model is an abuse of the relational model described above. I am concerned that religious congregations, with constitutions built according to the apostolic model, have become so concerned about relational community living that they neglect the priority of apostolic needs 'out there'. Their congregational culture actively discourage individuals from being creatively concerned with new apostolic needs.

4. I do believe that the characteristics I refer to are sufficiently evident in the experience of many religious and their communities, that a definite new type can be identified. Religious may be totally unaware that they have accepted this new type even though it is in opposition to the founding mythology of their respective religious communities.

Particular reasons for the model's emergence

The model developed for the following reasons:

1. Vatican II reform:

   The Council rightly called on superiors to consult religious and communities before making significant decisions. This was a most timely reform. Authoritarianism had been all too common in religious life prior to Vatican II; the dignity of the individual had been so often abused, the abuse being 'legitimated' by superiors as God's will.

   However, not infrequently, the meaning of consultation has become confused. For example, it may have come to mean that superiors must follow the majority view on all issues.

2. Expectations of religious:

   Religious, in their efforts to adapt their way of life to the culture around them, at times have uncritically accepted the values of these cultures. Religious can have impossible expectations of community life (and, in consequence, of superiors). In brief, these are some of the value influences:

   a. The cult of individualism/self-fulfilment/‘me-ism’

   The more individualism is encouraged, the more the bonds binding people to the group and to the common good are weakened. Hence,
Robert Bellah could conclude, with deepening sorrow, that as the result of the overstress in the United States on individualism ‘marriage, friendship, job... church are dispensable, if these don’t meet my needs’.

This cult of individualism (or self-fulfilment, or ‘me-ism’) leaves the individual so isolated and lonely that he or she is apt to expect/demand of others intolerable levels of emotional support.

b. The cult of painless, good health

Our value system not only demands that one be healthy but that one ‘feel’ healthy. The cross has no place in this value system. So, J. Tetlow comments that ‘experienced religious, when they enter what the Church has known as the “dark night” for centuries, think they probably need psychiatric help’.

c. The cult of immediate pleasure and satisfaction; there is no problem that does not have a human solution

The ease with which goods can be discarded and replaced by ‘better ones’ reinforces the feeling that one should not tolerate problems for too long. The tolerance threshold becomes increasingly lower. Solutions to problems can be found and must have results immediately. In addition, a guiding assumption is that what is useful for satisfaction is good. The gospel call to faith self-transcendence is seen as irrelevant for personal/group growth or as plain nonsense.

A therapeutic, religious life community is concerned, therefore, about resolving ‘my problems’, ‘my needs for emotional support in the midst of a rapidly changing world and the chaos of my congregation’. Thus, there are more and more meetings to discuss this or that issue, that bear upon my well-being. I must have a say in all matters... Meanwhile, the world of human suffering and apostolic needs, outside the community, goes on without me.

3. Reactions to culture-shock:

The disorientation of so many religious, who might well have continued to function satisfactorily within a static, ghetto-Church, continues to leave them benumbed about what is happening around them. Some dream of the former days of glory of the congregation, for example, its once flourishing schools, well-staffed parishes. They look to their major superiors and communities to listen to them, ‘to put things right’.
4. Confusion of superiors:

Since religious life is confused or in chaos, it is inevitable that superiors do not know what to do. They capitulate to the community expectations, for example, by avoiding making decisions, even on incidental issues, without a detailed consultation.

Consequences of accepting the model

1. Expectations can never be realized

If a congregation/province accepts the model for itself, religious develop impossible expectations of one another. Religious simply cannot expect to find in communities the emotional support and opportunities for intimacy that family life/married life provides. Psychologist Robert McAllister aptly summarizes his own experience of religious: ‘Religious communities cannot provide the kind of psychological relationships that healthy families develop, because communities lack the benefit of common origin, the depth of personal attachment, and the closeness of shared life’.12

2. Impossible expectations of superiors

Religious who opt for a therapeutic model of religious life place impossible demands on their superiors. The primary task of the superior is that of listening, counselling, healing. Yet, this should not be the priority task of major superiors. If they do choose this as their priority, then they generally end their superiorship personally exhausted and as mere maintainers of the congregational status quo.13

Their first duty is rather the future well-being of the congregation. This means that he or she requires ample space in which to ponder, to plan and to challenge the province/congregation to face the world to be evangelized.

3. The model suffocates creativity/refounding

The Church and congregations desperately need outward-looking, faith-oriented, creative evangelizers. These people yearn to bring the gospel into the world around them. They look for all kinds of imaginative ways in which this can be done. They are prepared to take risks in faith. However, their creativity cannot survive within a therapeutic community since it is expected that these gospel innovators must keep submitting their insights to the community for approval. They simply cannot do this because they can never supply all the details necessary to win the approval of
inward-looking religious. They weary of yet more meetings, more reports.

If a congregation or community does not support creativity, then there is no hope that it will welcome refounding persons who are a very special type of apostolically creative people. Potentially innovative or refounding persons may grow in ascetical holiness because they must suffer having their imaginative talents crushed by other religious. But the Church and their religious communities suffer in consequence.

4. Confusion with secular institutes

Apostolically creative religious, wearied of the emotionally draining and suffocating atmosphere of their therapeutic communities, sometimes dream of turning their congregations into equivalently secular institutes. They think that they can remain religious while having the freedom of individual apostolic initiative and the lack of commitment to community that characterize secular institutes.

Jean Beyer summarizes the lure that these institutes have for frustrated, creative religious: ‘For many religious, the life of the Secular Institute spells the . . . exchange of a stifling common life for a more personal style of existence . . . (the chance) to choose the apostolic work best suited to their talents and aptitudes, to be free from a system of “organized” work . . . ’.14

But secular institutes are not religious congregations. The latter, unlike the former, are committed to some form of common life. It is a question of reforming community life, not destroying it. For example, the way to reform a particular congregation, originally designed according to the mission model, is not to turn it into a secular institute but to provide every possible encouragement for creative pastoral action by its members. At the same time there must be accountability back to congregation through the correct channels.

5. Recruitment policy: vicious circle

A congregation that opts for the therapeutic model will attract candidates who fit the qualities of the model. They will be dependent, insecure people, anxious for above-average, on-going emotional support and affirmation. The congregation cannot expect from them in the future a vigorous, faith-creative response to new pastoral needs. The congregation will be what it recruits: therapeutic, with self-centred, over-dependent religious, apostolically stagnant.15
CONCLUSION

Howard Becker perceptively writes that 'Today religionists wonder why youth has abandoned the Churches . . . I think that today Christianity is in trouble not because its myths are dead, but because it does not offer its ideal of heroic sainthood as an immediate personal one to be lived by believers'. True! Is this not a description of those religions who have uncritically bought into the therapeutic model?

Religious life ultimately, like the life and death of Christ himself, is a mystery of God’s grace and it can never ever be fully unveiled by the human mind. Religious communities which accept the therapeutic model have lost touch with this mystery. And there is nothing heroic or saintly about the process of congregational self-suffocation!

NOTES

1 Escape from evil (New York, 1975), p 164.
8 See Arbuckle, op. cit., pp 104–107.
12 Living the vows: the emotional conflicts of celibate religious (San Francisco, 1986), p 37.
16 Ibid., p 164.