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EXHIBIT *MP*  
1/3/05

presence is in what the Church calls, somewhat derogatorily, "natural." And as Baum says, the mode of that divine presence is by its transcendence. That is, the immanent, or indwelling, God within us calls us to transcend or overcome our ego and move to a higher level of awareness.

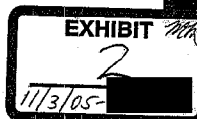
If the ecclesiastical community could clothe this mystery in terms that helped me to understand and pursue it, so much the richer. But I was no longer willing to allow membership in an ecclesiastical institution to deflect me from my new direction. I had already seen the marvels attendant upon enlarging personal awareness.

I could accept that I was my doubts as well as my convictions, my cowardice as well as my courage, my alienation from others as well as my connection to them, my timorous dependence as well as my healthy autonomy, my body as well as my spirit. I was committed to this calling for myself and any others who might want to share in it.

I made a conscious decision to move into therapy as my ministry, particularly with couples and families. For some time I had increasingly distanced myself from practices of the priesthood such as saying Mass and hearing confessions. I was even seriously entertaining the idea of leaving the Franciscan community where the healthy intimacy for which I yearned was frowned upon.

With this change in perspective I rejected the hierarchical aspects of the Catholic Church. No longer could I accept edicts purporting to bind the consciences of Catholics, or assuming a capacity to define reality as a complete entity. I had found it insupportable to keep looking over my shoulder to see whether someone would be reporting what I said and did to a Church authority at whatever level. The Church's stance on sexuality was particularly insensitive. Especially its insistence on the intrinsic immorality of homosexual behavior.

Despite my best efforts to exorcise them, I am sure there were still homophobic remnants in me. Nevertheless I was increasingly accepting of gays and lesbians, particularly in the open Berkeley environment. I found it refreshing that gay Franciscan students were finding it easier to come out even though a painful dilemma now confronted them.



Formerly, an openly gay orientation would not have been tolerated in our seminary system. In this intolerant environment they understandably had to stay in the closet. Now many were convinced that psychological and spiritual recovery required not only that they openly acknowledge their sexual orientation but that they explore every aspect of that life. For some that might even include participating in gay sex.

But as Franciscans solemnly committed to celibacy, this path of sexual exploration was theoretically closed to them. We never managed to formulate a policy about this serious issue. The reality was that no gay student was ever excluded from advancement to the priesthood, nor were gay priests in any way restricted.

*In a television interview with Carl Stern in October, 1972, Abraham J. Heschel said that he would rather go to Auschwitz than give up his religion. But he also shared his belief that "...religious pluralism is the will of God."*

Perhaps the most moving experience at the time was the urgent request of a friend, a former priest (he had come out a year before), that I say a funeral Mass for his gay lover who had died of an accidental drug overdose. The couple had been very active in gay and lesbian politics in San Francisco and had made a large number of friends. A Catholic pastor, when apprised of the situation, said that while he would allow the Mass to be offered in his church he would not himself preside.

When invited to offer Mass in his church, I accepted immediately. My only concern was what to say on such an occasion. I learned from friends of theirs that the lover suffered severe depression, for which he was being medicated. Despite this burden, they were a loving and committed couple who found their relationship fulfilling.

The sexual expression of their love, whatever homophobes might say to the contrary, drew them close to one another and to God. Courage to come out and take pride in their identity came from their mutual support—clear evidence, the former priest maintained, that God was in their love. They prayed together, went to Mass together, and looked forward to a long life together.

April 19, 1979

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I would like to give you my perspective on what has happened to Father David Carriere and to pass on some related issues.

It is obvious that David has had a serious manic episode. There is good evidence that he was not faithful to Dr. Kaslow's regime. That is, he continued to smoke; he daily drank wine, however moderately; he violated his hypoglycemic diet. Dr. Kaslow believes that adherence to his program would have prevented David's episode. I realize that this is presently a minority opinion in traditional medical circles, but this is not to say that Dr. Kaslow's approach is without substantial merit.

I am delighted that Dr. Steward at the County Hospital prescribed lithium carbonate for David's illness. David and I had talked about this, and were we closer to Dr. Harvey Ross in Los Angeles, I would have had David go to him for this purpose. Lithium is a mineral and does not narcotize like some traditional medications. David is still not in complete touch with the magnitude of what he has been through. I think he cannot until he physically recovers from the incident. But the lithium offers good hope. Its potential for healing would be heightened if David would respect his hypoglycemia with the appropriate diet. Dr. Ross of Los Angeles puts it more strongly than that in his book on "Fighting Depression."

My own bias is still that David's problem is primarily biochemical and that whatever life problems he wants to work on are not so extraordinary. I have helped dozens of people through identical life issues without any drama. I wish that we could get people to treat persons with manic/depressive episodes (or schizophrenic or paranoid) with the same respect that we give to alcoholics. Alcoholism and these illnesses, it appears, have much more in common than we used to believe.

David will be moving under the total care of a local psychiatrist who will both monitor the lithium carbonate and provide verbal therapy. My own role will be supportive. I have been in touch both with Fr. Virgil and with the County Hospital staff regarding David's program after release.

If David were to accept this disability and work with the physical and verbal therapy, he could mold this into a powerful and needed ministry as Fr. Gavin has done with his alcoholism.

I think often of the burdens that you carry and pray you the strength to bear them.

Fraternally,  
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[REDACTED]

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